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Michael F. Easley, Governor
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Richard J. Visingardi, Ph.D., Director

Memorandum

To: DMH Section Chiefs and Area Program Directors

From: Jim Jarrard, Acting Chief
Program Accountability Section

Subject: NC Division MH/DD/SAS Service Definitions Manual Revisions

Date: January 15, 2003

Following is a summary description of the most recent revisions made to the service definitions manual. In order to assist you in keeping track of all communications regarding this manual, we have put all memoranda summarizing the revisions to this manual in Appendix C. All subsequent revisions/updates will be posted on the DMH website: <http://www.dhhs.stste.nc.us/mhddsas/>. We recommend that you check the website periodically to keep abreast of these revisions/updates.

Page #	Description of Revision
Cover page	Revision date noted.
i - ii	Table of Contents – page #'s updated per revisions.
6-7	ACTT – Physician FTE requirement changed to at least .25 FTE per 50 clients.
49	Drop-In Center – Clinical appropriateness added to medical necessity criteria.
140	Community Respite – YA213 – time restriction deleted.
175	Wilderness Camp – This service is not Medicaid billable.
178-181	Appendix A – Crosswalk of Services and Billing Codes updated. Includes codes to be billed to WMIS only.
183	Appendix C: NEW: Communications in reference to previous revisions, policy clarifications, or updates can be found here.

If you have questions concerning the manual, please contact Art Harris, Program Accountability Section at (919) 420-7934 or by email art.harris@ncmail.net.



**NORTH CAROLINA
DEPARTMENT OF HEALTH & HUMAN SERVICES**



**Division of Mental Health, Developmental Disabilities and
Substance Abuse Services**

MH/DD/SA SERVICE DEFINITIONS

January 1, 2003
(with 1/15/03 Revisions)

Michael F. Easley, Governor
Carmen Hooker Odom, Secretary Richard J. Visingardi, Ph.D., Director



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From: Jim Jarrard, Acting Chief
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Subject: NC Division MH/DD/SAS Service Definitions

Date: December 20, 2002

Please find attached a set of service definitions that represent those billed for MH/DD/SA services through IPRS. The task given to the Division committee that produced this collection was formidable, but limited. Their task was to collect all service definitions currently used for billing MH/DD/SA services – Medicaid and Non Medicaid – in order to have all these services collected in one place for APs/LMEs that bill through IPRS. The Non-Medicaid services include general Pioneer definitions, as well as MR/MI (Formerly Thomas S.) definitions, and CTSP (formerly Willie M.) definitions. The charge was to put all these definitions into a common format, to consolidate where possible (e.g., if there were found two or more definitions which were essentially the same but were being billed to different funding sources), but not to revise the content of the definitions. This latter charge – to not alter content – was challenging, because as the committee members worked through the definitions, they identified areas where content clearly needed to be addressed. They have also compiled a list of those areas, and are passing that list along to the proper groups for State MH/DD/SA Plan implementation, so that the effort may be coordinated. My thanks to that group which carried out this task.

Since this manual does not represent new policy, but only the process of collecting current information in one place, it may serve as a reference source immediately.

Should you have any questions, please direct them to Art Harris, Program Accountability Section, at (919) 420-7934 or by email art.harris@ncmail.net.

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Adult Developmental Vocational Program (ADVP)

An Adult Developmental Vocational Program (ADVP) is a day/night service which provides organized developmental activities for individuals with mental retardation or other developmental disabilities, or to individuals with physical disabilities, to prepare the individual to live and work as independently as possible. The activities and services of ADVP are designed to adhere to the principles of normalization and community integration.

Guidelines:

- (1) Specific professional services provided (routinely or occasionally) to some, but not all, clients of the day program by professionals not assigned to the program, shall be reported and accounted for as a part of regular periodic services as defined (e.g., Screenings, Evaluations, individual or group Outpatient Treatment/Habilitation).
- (2) This service is available for a period of three or more hours per day; although, an individual may attend for fewer than three hours.
- (3) Only direct client attendance time is to be reported.
- (4) Preparation, documentation and staff travel time are not to be reported.

Therapeutic Relationship and Interventions

There should be a supportive, therapeutic relationship between the providers and consumer which addresses and/or implements interventions outlined in the service plan. These may include personal and community living skill development, compensatory or adult basic education, training in cognitive, communication and motor skills, use of leisure time, vocational evaluation and adjustment, work skills training, and paid employment.

Structure of Daily Living

This service is designed to adhere to the principles of normalization and community integration.

Cognitive and Behavioral Skill Acquisition

This service is intended to assist individuals to prepare to live and work as independently as possible.

Service Type

This is day/night type of service under NC Administrative Code T10:14V .2300. This service is not Medicaid billable. Payment unit equals one unit for the nearest fifteen minute interval based on the eight minute rounded-up rule. This service is not billable to Medicaid.

Resiliency/Environmental Intervention

This service focuses on assisting the individuals in becoming connected to naturally occurring support systems and relationships in the community to provide and enhance opportunities for meaningful community participation.

Service Delivery Setting

May only be provided in a licensed or VR approved facility. It is the ADVP that shall be subject to licensure, not the location of the business or organization where the client may be placed for work. 10 NCAC 14V .2301(e)

Medical Necessity

Per 10 NCAC 14V .2306 (b)(3), a qualified professional or an associate professional shall certify the eligibility of each client for the ADVP service according to the following criteria:

- A. There is an Axis I or II diagnosis present or the person has a condition that may be defined as a developmental disability as defined in GS 122C-3 (12a).

AND

- B. Level of Care Criteria, NCSNAP/ASAM

AND

<p>C. The recipient is experiencing difficulties in at least one of the following areas:</p> <ol style="list-style-type: none"> 1. functional impairment 2. crisis intervention/diversion/aftercare needs, and/or 3. at risk of placement outside the natural home setting. <p style="text-align: center;">AND</p> <p>D. The recipient's level of functioning has not been restored or improved and may indicate a need for clinical interventions in a natural setting if any of the following apply:</p> <ol style="list-style-type: none"> 1. At risk for out of home placement, hospitalization, and/or institutionalization due to symptoms associated with diagnosis. 2. Presents with intensive verbal, and limited physical aggression due to symptoms associated with diagnosis, which are sufficient to create functional problems in a community setting. 3. At risk of exclusion from services, placement or significant community support systems as a result of functional behavioral problems associated with the diagnosis. 4. Requires a structured setting to foster successful integration into the community through individualized interventions and activities.
Service Order Requirement
N/A
Continuation/Utilization Review Criteria
<p>The desired outcome or level of functioning has not been restored, improved, or sustained over the time frame outlined in the consumer's service plan or the consumer continues to be at risk for relapse based on history or the tenuous nature of the functional gains or any one of the following apply:</p> <p>A). Consumer has achieved initial service plan goals and additional goals are indicated.</p> <p>B). Consumer is making satisfactory progress toward meeting goals.</p> <p>C). Consumer is making some progress, but the service plan (specific interventions) need to be modified so that greater gains which are consistent with the consumer's premorbid level of functioning are possible or can be achieved.</p> <p>D). Consumer is not making progress; the service plan must be modified to identify more effective interventions.</p> <p>E). Consumer is regressing; the service plan must be modified to identify more effective interventions.</p>
Discharge Criteria
<p>Consumer's level of functioning has improved with respect to the goals outlined in the service plan, or no longer benefits from this service. The decision should be based on one of the following:</p> <ol style="list-style-type: none"> 1. Consumer has achieved service plan goals, discharge to a lower level of care is indicated. 2. Consumer is not making progress, or is regressing, and all realistic treatment options within this modality have been exhausted.
Service Maintenance Criteria
<p>If the recipient is functioning effectively with this service and discharge would otherwise be indicated, service should be maintained when it can be reasonably anticipated that regression is likely to occur if the service is withdrawn. The decision should be based on any one of the following:</p> <p>A. Evidence that gains will be lost in the absence of ADVP is documented in the service record.</p> <p style="text-align: center;">OR</p> <p>B. In the event there are epidemiologically sound expectations that symptoms will persist and that ongoing treatment interventions are needed to sustain functional gains, the presence of a DSM IV diagnosis would necessitate a disability management approach.</p>

**Note: Any denial, reduction, suspension, or termination of service requires notification to the recipient and/or legal guardian about their appeal rights.*

Provider Requirement and Supervision

The facility must have a designated full-time program director. Evaluation services shall be available for all clients. The required staff ratio is one staff to ten or fewer clients.

Documentation Requirements

Documentation in the client record is required as specified in the Service Records Manual.

Appropriate Service Codes

Medicaid	IPRS	Pioneer	UCR-WM (CTSP)	UCR –TS (MR/MI)
Not Billable	YP620	620	N/A	620

Assertive Community Treatment Team (ACTT)

The Assertive Community Treatment Team is a service provided by an interdisciplinary team that ensures service availability 24 hours a day and is prepared to carry out a full range of treatment functions wherever and whenever needed. A service recipient is referred to the Assertive Community Treatment Team service when it has been determined that his/her needs are so pervasive and/or unpredictable that they can not be met effectively by any other combination of available community services. Typically this service should be targeted to the 10% of MH/DD/SA service recipients who have the most complex and expensive treatment needs. The service objectives are addressed by activities designed to: promote symptom stability and appropriate use of medication; restore personal, community living and social skills; promote and maintain physical health; establish access to entitlements, housing, work and social opportunities; and promote and maintain the highest possible level of functioning in the community. A minimum of four (4) face-to-face contacts a month is required to receive reimbursement for this service.

Therapeutic Relationship and Interventions

This service is a team approach designed to address the identified needs of specialized populations and/or the long term support of those with persistent MH/DD/SA issues that require intensive interventions to remain stable in the community. These service recipients would tend to be high cost, receive multiple services, decompensate to the point of requiring hospitalization before seeking treatment, seek treatment only during a crisis, or unable to benefit from traditional forms of clinic based services. This population has access to a variety of interventions twenty four (24) hours a day by staff who will maintain contact and intervene as one organizational unit.

Structure of Daily Living

This team approach is structured face-to-face therapeutic interventions to provide support and guidance in all areas of functional domains: adaptive, communication, personal care, domestic, psychosocial, problem solving, etc. in preventing, overcoming, or managing the recipient's level of functioning and enhancing his/her ability to remain in the community.

Cognitive and Behavioral Skill Acquisition

This service includes interventions that address the functional problems associated with the most complex and/or pervasive conditions of the identified population. These interventions are strength-based and focused on promoting symptom stability, increasing the recipient's ability to cope and relate to others, and enhancing the highest level of functioning in the community.

Service Type

ACTT is a combination day/night and periodic service model that offers service availability 24 hours a day. This service is Medicaid billable. Payment Unit is client month based on at least four (4) documented face-to-face contacts on different days with client during the month. The team should be interdisciplinary in order to carry out the varied activities needed to meet the complex needs of the clients. The types of activities that this team would provide include those typical of Evaluation, Outpatient Treatment, Case Management, Community-Based Services, and Emergency/Crisis Services.

Resiliency/Environmental Intervention

ACTT provides ongoing assertive outreach treatment that is available in order to address the service recipient's needs effectively. Consideration of geographical locale may impact on the

effectiveness of this service model. This model consists of a mobile unit as well as clinic based services.

Service Delivery Setting

This service is provided face-to-face in any location outside the clinic setting.

Medical Necessity

A recipient is eligible for this service when:

- A. There is an Axis I or II diagnosis,
AND,
- B. Level of Care Criteria, Level D/NC-SNAP (NC Supports/Needs Assessment Profile/ASAM (American Society for Addiction Medicine)
AND,
- C. The recipient is experiencing difficulties in at least one of the following areas:
 - 1. Functional impairment,
 - 2. Crisis intervention/diversion/aftercare needs, and
 - 3. At risk for placement outside of the natural home setting.**AND,**
- D. The recipient's level of functioning has not been restored or improved and may indicate a need for clinical interventions in a natural setting if any one of the following apply:
 - 1. Being at risk of exclusion from services, placement or significant community support systems as a result of functional behavioral problems associated with diagnosis.
 - 2. Functional problems which may result in the recipient's inability to access clinic based services in a timely or helpful manner.
 - 3. Persistent or recurring behaviors or symptoms, which result in the need for crisis services contacts, diversion from out of home placement, related to MH/DD/SA diagnosis, or involuntary commitment within the relevant past.
 - 4. Service is a part of an aftercare planning process (time limited step down or transitioning) and is required to avoid returning to a higher, more restrictive level of service.
 - 5. Medication administration and monitoring have alleviated limited symptoms, but an integrated treatment approach is needed which may include case management, therapy, support services and/or other periodic services to prevent the client from regressing.
- E. Individual unable to make progress in a traditional outpatient service.

Service Order Requirement

For Medicaid reimbursement, service orders must be completed by a physician or licensed psychologist, prior to or on the day services are to be provided.

Continuation/Utilization Review Criteria

The desired outcome or level of functioning has not been restored, improved, or sustained over the time frame outlined in the recipient's service plan or the recipient continues to be at risk for relapse based on history or the tenuous nature of the functional gains or any one of the following apply:

- A. Recipient has achieved initial service plan goals and additional goals are indicated.
- B. Recipient is making satisfactory progress toward meeting goals.
- C. Recipient is making some progress, but the service plan (specific interventions) needs to be modified so that greater gains, which are consistent with the recipient's premorbid level of functioning, are possible or can be achieved.

- D. Recipient is not making progress; the service plan must be modified to identify more effective interventions.
- E. Recipient is regressing; the service plan must be modified to identify more effective interventions.

And

Utilization review must be conducted every 6 months and is so documented in the service record.

Discharge Criteria

Service recipient's level of functioning has improved with respect to the goals outlined in the service plan, inclusive of a transition plan to step down, or no longer benefits, or has the ability to function at this level of care and any of the following apply:

- A. Recipient has achieved goals, discharge to a lower level of care is indicated.
- B. Recipient is not making progress, or is regressing and all realistic treatment options with this modality have been exhausted.

**Note: Any denial, reduction, suspension, or termination of service requires notification to the recipient and/or legal guardian about their appeal rights.*

Service Maintenance Criteria

If the recipient is functioning effectively with this service and discharge would otherwise be indicated, ACTT services should be maintained when it can be reasonably anticipated that regression is likely to occur if the service is withdrawn. The decision should be based on any one of the following:

- A. Past history of regression in the absence of ACTT is documented in the service record.
- OR**
- B. In the event there is an epidemiologically sound expectation that symptoms will persist and that ongoing outreach treatment interventions are needed to sustain functional gains, the presence of a DSM-IV diagnosis would necessitate a disability management approach.

**Note: Any denial, reduction, suspension, or termination of service requires notification to the service recipient and/or legal guardian about their appeal rights.*

Provider Requirement and Supervision

This service model includes at a minimum a Qualified Professional, a Nurse (RN), a physician (at least .25 FTE per 50 clients), and Paraprofessional staff who provide available 24-hour coverage with a minimum of four face-to-face contacts a month. The staff-to-recipient ratio shall not exceed one to twelve (1 to 12).

Documentation Requirements

Minimum standard is a daily contact log that includes a description of staff's intervention.

Appropriate Service Codes

Medicaid	IPRS	Pioneer	UCR-WM (CTSP)	UCR-TS (MR/MI)
Y2314	Y2314	040	299	040

Assertive Community Treatment Team

Assertive Community Treatment Teams represent an integration of a number of Area Program services into one organizational unit providing an intensive level of service. The types of activities that this team would provide include those typical of Evaluation, Outpatient Treatment, Case Management,, Community-Based Services, and Emergency/Crisis Services. Since this service is billed to Medicaid on a monthly basis, there is no distinction between recipient activities which are billable and which are not. Specific guidelines for service implementation are outlined below:

YES	NO
<p>Minimum staffing per team -- Qualified Professional, RN, paraprofessional staff and at least .25 FTE physician time per 50 clients.</p> <p>Recommend recipient/staff ratio of 10 to 1 with a maximum of 12 to 1.</p> <p>Specific criteria targeted to the most complex and expensive treatment needs.</p> <p>Available 24 hours per day.</p> <p>Recipients may also receive Day/Night and 24-Hour services, which could be billed to Medicaid.</p> <p>Minimum of 4 face-to-face contacts on different days per month</p> <p>May bill for services provided 30 days prior to discharge when a recipient resides in a general hospital or psychiatric in-patient setting and retains Medicaid eligibility.</p>	<p>May not bill for any other periodic services</p> <p>May not bill for any month when less than 4 face-to-face contacts on different days</p> <p>Cannot bill when client is in a nursing home, hospital, residential level II-IV</p>

Assertive Outreach

The service includes activities, with and/or on behalf of an individual in need who is not registered as an area client. The service is designed to meet some of the evaluation, treatment, habilitation, educational, vocational, residential, health, financial, social and other needs of the individual. The service includes the arrangement, linkage or integration of multiple services (when provided by multiple providers) as they are needed or being received by the individual either within the area program, or from other agencies with those services being received through the area program. It may include advocacy on behalf of the individual, supportive counseling, and monitoring the provision of services to the individual. It may also include training or retraining activities required for successful maintenance or re-entry into the client's vocational or community living situation.

GUIDELINES: This service is only provided to individuals NOT registered as clients.

- (1) Include face-to-face and telephone time in contact with an individual, groups, collateral, other agency personnel, interagency staffing, training of volunteers, and time spent transporting the individual to or from services.
- (2) Consultations or interventions with family members of a substance abusing individual, who is *not* a client, are to be reported to this service type.
- (3) The locally defined services most commonly included in this category include, but are not limited to:
 - a. Outreach and Assertive Outreach;
 - b. Follow-up contact with discharged clients; and
 - c. Institutional Liaison.
- (4) In cases when one area program staff is linking or coordinating with another staff in the same area program regarding multiple services, only one staff may claim case management/support **OR** assertive outreach for the interaction.
- (5) Similar services provided to clients are to be reported as Case Management/Support.
- (6) Staff Travel Time to be reported separately.
- (7) Preparation/documentation time NOT to be reported.
- (8) Structured services including Screenings or After-hours services are to be reported to the appropriate service type.

Therapeutic Relationship and Interventions

This process should offer evaluation of the services needed through discussion with the recipient and any significant stakeholders involved with the recipient. The provider assumes the roles of advocate, broker and monitor until the individuals engages in services.

Structure of Daily Living

This service is designed to assess/reassess functional deficits of the recipient and to facilitate referrals to the service system that will address the identified needs in consultation with the recipient, legal guardian, or caregiver.

Cognitive and Behavioral Skill Acquisition

This service assists the individual to identify mental health and community treatment and service options and the intended benefits of those services.

Service Type

This is a periodic service. This service is not billable to Medicaid. Payment unit equals one unit for the nearest fifteen minute interval based on the eight minute rounded-up rule. This service is not billable to

Medicaid.				
Resiliency/Environmental Intervention				
This service includes activities with and on behalf of an individual who is not a client of the area program.				
Service Delivery Setting				
May be provided at any location.				
Medical Necessity/Clinical Appropriateness				
A. Individual has previously been a recipient of services and requires Assertive Outreach to re-establish treatment. B. The individual appears to have an Axis I or II diagnosis or the person has a condition that may be defined as a developmental disability as defined in GS 122C-3 (12a) and would be expected to benefit from treatment if he/she participated.				
Service Order Requirement				
N/A				
Continuation/Utilization Review Criteria				
The non-client consumer continues to benefit from services; however, the consumer will not/or is unable to submit for admission into the Area Program.				
Discharge Criteria				
When the client has been admitted to the Area Program as an active client.				
Service Maintenance Criteria				
Assertive Outreach should be maintained when it can be reasonably anticipated that regression is likely to occur if the service is withdrawn.				
Provider Requirement and Supervision				
Staff is a qualified professional for the services provided.				
Documentation Requirements				
Documentation is required in a separate or pending file (some type of form which identifies the individual by name, or unique identifier on a daily basis is recommended.)				
Appropriate Service Codes				
Medicaid	IPRS	Pioneer	UCR-WM (CTSP)	UCR-TS (MR/MI)
Not Billable	YP230	230	N/A	230

Case Consultation (Bill as Outpatient Treatment)

Case consultation is a service provided to a practitioner in an agency outside the area program or to a professional in a private practice. This service may include an assessment, evaluation, or a consultation regarding the recipient who is receiving service from the other agency or professional.

Therapeutic Relationship and Interventions

Not applicable.

Structure of Daily Living

Not applicable.

Cognitive and Behavioral Skill Acquisition

Not applicable.

Service Type

This is a periodic service. This service is billable to Medicaid.

Resiliency/Environmental Intervention

Not applicable.

Service Delivery Setting

This service can be provided face-to-face in any location or by telephone.

Medical Necessity

Not applicable.

Service Order Requirement

This service is covered by the agency's standing policy.

Continuation/Utilization Review Criteria

Not applicable.

Discharge Criteria

Not applicable.

Service Maintenance Criteria

Not applicable.

Provider Requirement and Supervision

This service must be provided by a Qualified Professional.

Documentation Requirements

Documentation must be maintained as a report of consultation in a pending file.

Appropriate Service Codes

Medicaid	IPRS	Pioneer	UCR-WM (CTSP)	UCR-TS (MR/MI)
Y2305	Y2305	120	110	120

Case Consultation

Case consultation is a service provided to an outside agency or professional for a non-area program service recipient. Typical activities billable to Medicaid are:

YES	NO
Providing information about a particular diagnosis, disability, potential services, etc.	Staff travel time.
Telephone contact with the person requesting consultation.	Time documenting in pending file, activity logs, etc.
Direct contact with the practitioner, the recipient, or significant others to assess situation, needs, etc.	Time in preparation-reading reports, reviewing literature, synthesizing information, etc.

Case Management

The service includes service coordination activities provided by qualified area program staff, with or on behalf of a recipient of MH/DD/SA services. The service is designed to meet the educational, vocational, residential, mental health treatment, financial, social and other non-treatment needs of the recipient. The service includes the arrangement, linkage or integration of multiple services as they are needed or being received by the recipient, either between programs within the area program or from other outside agencies. It includes assessment and reassessment of the recipient's need for case management services; informing the recipient about benefits, community resources, and services; assisting the recipient in accessing benefits and services; arranging for the recipient to receive benefits and services; and monitoring the provision of services.

In addition to the generic case management service described above, the area program is also responsible for providing Clinical Case Management to children or adults in the custody of Departments of Social Services (DSS) and receiving mental health, developmental disability, and/or substance abuse services.

The following functions and responsibilities of Clinical Case Management are delineated below:

Clinical Case Management is provided by the Area MH/DD/SAS programs.

Clinical case management is a therapeutic service designed to:

1. assist a recipient in locating needed services,
2. coordinate the delivery of those services, and
3. monitor the adequacy of therapeutic interventions in the following domains:
 - A. psychiatric,
 - B. medication,
 - C. crisis intervention,
 - D. psychotherapy,
 - E. therapeutic mentoring,
 - F. psychoeducational and school behavioral programming,
 - G. therapeutic recreation,
 - H. day treatment, and
 - I. residential treatment services (must establish medical necessity)

Therapeutic Relationship and Interventions

There should be a supportive and helping relationship between the provider and recipient and/or primary care giver that allows access to the identified service needs. This process should offer evaluation of the service needs and the effectiveness of services through discussion with the recipient and other significant stakeholders involved with the recipient. The provider assumes the roles of advocacy, broker, coordinator, and monitor of the service delivery system on behalf of the recipient.

Structure of Daily Living

This service is designed to assess/reassess functional deficits of the recipient and to facilitate referrals to appropriate treatment services that will address the identified needs in consultation with the recipient, legal guardian, or caregiver. Monitoring of the service provision(s) as outlined in the service plan is an important component of the case management function and role.

Cognitive and Behavioral Skill Acquisition
This service is designed to consult with other agencies and professionals who are assessing and addressing the identified cognitive and behavioral deficits of the recipient and to facilitate referrals to appropriate treatment services. The case manager must consult with the identified provider, include their input into the service planning process, inform all involved stakeholders, and monitor the status of the recipient in relationship to the treatment goals.
Service Type
This is an indirect periodic service where the case manager arranges, coordinates, and monitors services on behalf of the recipient. This service is billable to Medicaid.
Resiliency/Environmental Intervention
This service includes activities on behalf of a recipient through an area program that focuses on assisting the individual/ family with the identified treatment needs in any setting or location. The case manager monitors all services in all settings and locations. At-risk and clinical case managers can both bill on the same day provided each addresses issues related to the purview of their areas of responsibilities. However, when both case managers are present at the same time (e.g. treatment meeting), they must split the time billed because Medicaid does not accept billing for two services at the same time.
Service Delivery Setting
This service is provided in any location.
Medical Necessity
<p>The recipient is eligible for this service when:</p> <ul style="list-style-type: none"> A. There are two identified needs in the appropriate documented domains, AND B. There is an Axis I or II diagnosis present or the person has a condition that may be identified as a developmental disability as defined in G.S. § 122C-3(12a), AND C. Level of Care Criteria, level A/NC-SNAP (NC Supports/Needs Assessment Profile)/ASAM (American Society for Addiction Medicine), or children under age 3 determined to be eligible for early intervention services through procedures documented in the North Carolina Infant Toddler Program Manual (Bulletins 16 and 22). AND D. The recipient is experiencing difficulties in at least one of the following areas: <ul style="list-style-type: none"> 1. Is at risk for institutionalization, or hospitalization or is placed outside the natural living environment. 2. Is receiving or needs crisis intervention services, intensive in home services – including wrap around or CBS services. 3. Has unmet identified needs from multiple agencies. 4. Needs advocacy and service coordination to direct service provisions from multiple agencies. 5. DSS has substantiated abuse, neglect, or has established dependency. 6. Presenting with intense, verbal and limited physical aggression due to symptoms associated with diagnosis, which is sufficient to create functional problems in the home, community, school, job, etc.
Service Order Requirement
For Medicaid reimbursement, service orders must be completed by a qualified professional or an associate professional prior to or on the day services are to be provided.

Continuation/Utilization Review Criteria

The desired outcome or level of functioning has not been restored, improved, or sustained over the time frame outlined in the recipient's service plan or the recipient continues to be at risk for relapse based on history or the tenuous nature of the functional gains or any one of the following apply:

- A. Recipient has achieved initial service plan goals and additional goals are indicated.
- B. Recipient is making satisfactory progress toward meeting goals.
- C. Recipient is making some progress, but the service plan (specific interventions) need to be modified so that greater gains, which are consistent with the recipient's premorbid level of functioning, are possible or can be achieved.
- D. Recipient is not making progress; the service plan must be modified to identify more effective interventions.
- E. Recipient is regressing; the service plan must be modified to identify more effective interventions.

And

Utilization review must be conducted every 90 days and is so documented in the service record.

Discharge Criteria

Recipient's level of functioning has improved with respect to the goals outlined in the service plan, inclusive of a transition plan to step down, or no longer benefits, or has the ability to function at this level of care and any of the following apply:

- A. Recipient has achieved goals and is no longer eligible for case management services.
- B. Recipient is not making progress, or is regressing and all realistic treatment options have been exhausted.
- C. Recipient/family no longer wants case management services.

**Note: Any denial, reduction, suspension, or termination of service requires notification to the recipient and/or legal guardian about their appeal rights.*

Service Maintenance Criteria

The recipient needs continued assistance and service coordination in achieving the desired outcomes in the service plan and/or other identified needs have not been addressed with any one of the following:

- A. The recipient continues to be at risk for institutionalization, or hospitalization, or is placed outside the natural living environment.
- OR**
- B. The recipient continues to have unmet identified needs from multiple agencies.
- OR**
- C. The recipient continues to need advocacy and service coordination to direct service provisions from multiple agencies.

**Note: Any denial, reduction, suspension, or termination of service requires notification to the individual and/or legal guardian about their appeal rights.*

Provider Requirement and Supervision

Persons who meet the requirements specified for Professional status for the appropriate disability population or Qualified Professional or Associate Professional status for the appropriate disability population according to 10 NCAC 14V or the N.C. Infant-Toddler Program Guidance for Personnel Certification (A{SM 120-1). Supervision is provided according to supervision requirements specified in 10 NCAC 14V and according to licensure requirements of the appropriate discipline.

Documentation Requirements				
Minimum standard is a daily full service note that includes the purpose of contact, describes the provider's interventions, and the effectiveness of the interventions.				
Appropriate Service Codes				
Medicaid	IPRS	Pioneer	UCR-WM (CTSP)	UCR-TS (MR/MI)
Y2307	Y2307	210	100	210

Case Management

Case Management is the process of ASSESSMENT/REASSESSMENT, ARRANGING, INFORMING, ASSISTING, AND MONITORING, per APSM (Area Program Service Manual) 45-4. Many activities are used to create this process. The following outlines typical activities of case managers, which are billable to Medicaid, under the following domains: educational, vocational, residential, non-mental health treatment, financial, social, and other non-treatment needs of the recipient.

YES	NO
Filling out applications/referral forms to obtain services.	Writing contact logs, notes, service notes, etc.
Requesting information about the recipient.	Filling out SALs, timesheets, etc.
Talking with service providers about the recipient and significant others in his/ her life.	Copying, mailing or faxing information about the recipient.
Informing significant others about the recipient's status and your efforts on their behalf.	Small talk with the recipient.
Informing a recipient about his/her situation and your efforts on his/her behalf.	Training the recipient in skills.
Facilitating contact between providers.	Community integration activities.
Sending notices for treatment team meetings.	Staff travel time.
Seeking information from anyone in an effort to obtain needed services.	Time spent monitoring medical care where there is no actual engagement with the recipient or service provider (e.g., watching dental care).
Case management activities for 30 days prior to discharge when a recipient resides in a general hospital or psychiatric inpatient setting and retains Medicaid eligibility.	Court reports which are NOT for the purpose of accessing services.
Writing service plans.	Reading evaluations or other information for the formulation of the treatment plan.
Writing reports to legal bodies, which are necessary for the purpose of accessing services on the recipient's behalf.	
Monitoring services in all settings including review of documentation.	

Clinical Case Management

Clinical case management is therapeutic intervention to assist a recipient in locating needed services, coordinating the delivery of those services and monitoring the adequacy of the services by area program staff. Therapeutic interventions typically encompass these domains: psychiatric, medication, crisis intervention, psychotherapy, therapeutic mentoring, psychoeducational and school behavioral programming, therapeutic recreation, day treatment and residential treatment. (Must establish medical necessity).

YES	NO
<p>Assessment/Reassessment of identified recipient's needs.</p> <p>Arranging/Informing/Coordinating/Referring/Monitoring in the following therapeutic domains: Psychiatric-including Medication Monitoring; Crisis Intervention; Therapeutic Mentoring, Psychoeducational/School; Behavioral Programming; Therapeutic Recreation; Day Treatment Coordination. Facilitate meetings- Mandatory Team meeting, staffing, etc. Facilitating contact between providers.</p> <p>Writing service plans.</p> <p>Writing reports to legal bodies, which are necessary for purpose of accessing MH/DD/SA service on the recipient's behalf.</p> <p>Monitoring services in all settings including review of documentation.</p> <p>Filling out applications/referral forms to obtain services.</p> <p>Requesting information about recipients.</p> <p>Talking with service provider about the recipient and significant others in his/her life.</p> <p>Case management activities for 180 days prior to discharge when recipient resides in a general hospital or psychiatric inpatient setting and retains Medicaid eligibility.</p> <p>Informing significant others about the recipients' status and your efforts on their behalf.</p> <p>Sending notices about treatment meetings.</p>	<p>Issues pertaining to safety and protection.</p> <p>Assistance with Basic Needs of a recipient – food, clothing, housing.</p> <p>Time spent arranging/monitoring medical care.</p> <p>School placement/Adjust/Living arrangement.</p> <p>Residential Placement</p> <p>Parent Child/Foster Parent/Relationship problems.</p> <p>Vocational needs/placement.</p> <p>Writing contact log notes, service notes, etc..</p> <p>Filling out SALs, timesheets, etc.</p> <p>Copying, mailing or faxing information about the recipients.</p> <p>Small talk with recipients.</p> <p>Training the recipient in skills.</p> <p>Community integration activities.</p> <p>Staff travel time.</p> <p>Monitoring other mh/dd/sa services when the therapist, M.D., etc. bills this time to Medicaid.</p> <p>Time spent monitoring medical care where there is no other actual agreement with the recipient or service provider (e.g. watching dental care).</p> <p>Court reports which are not for the purpose of accessing services.</p> <p>Reading evaluations or other information for the formulation of the treatment plan.</p>

Case Support

The service includes activities with and/or on behalf of a recipient of MH/DD/SA services including: (a) case management activities performed by an individual who is not the case manager designated in the recipient's treatment plan, or (b) other supportive activities not included in the Case Management service definition. The service is designed to meet some of the educational, vocational, residential, health, financial, social and other non-treatment needs of the individual. The service includes the arrangement, linkage or integration of multiple services (when provided by multiple providers) as they are needed or being received by the individual either within the area program, or from other agencies with those services being received through the area program. It may include training of volunteers to work with an individual client, and time spent transporting the individual to or from services, advocacy, supportive counseling, training or retraining activities required for successful maintenance or re-entry into the client's vocational or community living situation.

GUIDELINES:

- (1) Include face-to-face and telephone time in contact with individual client, collateral, other agency personnel, inter-agency staffing, training of volunteers, and time spent transporting the individual to or from services.
- (2) The services most commonly included in this category include, but are not limited to:
 - a. Case support;
 - b. Case management;
 - c. Outreach or Assertive Outreach to clients; and
 - d. Institutional Liaison.
- (3) Under the circumstance of one area program staff linking or coordinating with another staff in the same area program regarding multiple services, only one staff may claim case management/support for the interaction.
- (4) Similar services provided to non-clients are to be reported as Assertive Outreach.
- (5) Staff Travel Time to be reported separately.
- (6) Preparation/documentation time NOT reported.
- (7) Structured services including Evaluations, Outpatient Treatment/ Habilitation or After-hours services are to be reported to the appropriate service type.

Therapeutic Relationship and Interventions

There should be a supportive and helping relationship between the provider and recipient and/or primary care giver that allows access to the identified service needs. This process should offer evaluation of the service needs and the effectiveness of services through discussion with the recipient and other significant stakeholders involved with the recipient. The provider assumes the roles of advocacy, broker, coordinator, and monitor of the service delivery system on behalf of the recipient.

Structure of Daily Living

This service is designed to assess/reassess needed supports, services and treatment with the recipient and/or family members to - facilitate referrals to appropriate treatment services that will address the identified needs in consultation with the recipient, legal guardian, or caregiver. Monitoring of the service provision(s) as outlined in the service plan is an important component of the case management function and role.

Cognitive and Behavioral Skill Acquisition

This service is designed to consult with other agencies and professionals who are assessing and addressing the identified cognitive and behavioral deficits of the recipient and to facilitate referrals to

appropriate treatment services. The case manager must consult with the identified provider, include their input into the service planning process, inform all involved stakeholders, and monitor the status of the recipient in relationship to the treatment goals.

Service Type

This is an indirect periodic service where the case support staff arranges, coordinates, and monitors services on behalf of the recipient. This service is not billable to Medicaid.

Resiliency/Environmental Intervention

This service includes activities on behalf of a recipient through an area program that focuses on assisting the individual/ family with the identified treatment needs in any setting or location. The case manager monitors all services in all settings and locations. At-risk and clinical case managers can both bill on the same day provided each addresses issues related to the purview of their areas of responsibilities. However, when both case managers are present at the same time (e.g. treatment meeting), they must split the time billed because Medicaid does not accept billing for two services at the same time.

Service Delivery Setting

This service is provided in any location.

Medical Necessity

The recipient is eligible for this service when:

A. There are two identified needs in the appropriate documented domains,

AND

B. There is an Axis I or II diagnosis present, or the person has a condition that may be defined as a developmental disability as defined in GS 122C-3 (12a).

AND

C. Level of Care Criteria, level A/NC-SNAP (NC Supports/Needs Assessment Profile)/ASAM (American Society for Addiction Medicine), or children under age 3 determined to be eligible for early intervention services through procedures documented in the North Carolina Infant Toddler Program Manual (Bulletins 16 and 22) or, if over age 3, deemed eligible for services based on a documented developmental delay or disability.,

AND

D. The recipient is experiencing difficulties in at least one of the following areas:

1. Is at risk for institutionalization, or hospitalization or is placed outside the natural living environment.
2. Is receiving or needs crisis intervention services, intensive in home services – including wrap around or CBS services.
3. Has unmet identified needs from multiple agencies.
4. Needs advocacy and service coordination to direct service provisions from multiple agencies.
5. DSS has substantiated abuse, neglect, or has established dependency.
6. Presenting with intense, verbal and limited physical aggression due to symptoms associated with diagnosis, which is sufficient to create functional problems in the home, community, school, job, etc.

Service Order Requirement

N/A

Continuation/Utilization Review Criteria

The desired outcome or level of functioning has not been restored, improved, or sustained over the time frame outlined in the recipient's service plan or the recipient continues to be at risk for relapse based on history or the tenuous nature of the functional gains or any one of the following apply:

<p>A. Recipient has achieved initial service plan goals and additional goals are indicated.</p> <p>B. Recipient is making satisfactory progress toward meeting goals.</p> <p>C. Recipient is making some progress, but the service plan (specific interventions) need to be modified so that greater gains, which are consistent with the recipient's premorbid level of functioning, are possible or can be achieved.</p> <p>D. Recipient is not making progress; the service plan must be modified to identify more effective interventions.</p> <p>E. Recipient is regressing; the service plan must be modified to identify more effective interventions.</p>				
Discharge Criteria				
<p>Consumer's level of functioning has improved with respect to the goals outlined in the service plan, or no longer benefits from this service. The decision should be based on one of the following:</p> <ol style="list-style-type: none"> 1. Consumer is not making progress, or is regressing, and all realistic treatment options within this modality have been exhausted. 2. Consumer has moved to a bundle service where case management is an included service. 				
Service Maintenance Criteria				
<p>The recipient needs continued assistance and service coordination in achieving the desired outcomes in the service plan and/or other identified needs have not been addressed with any one of the following:</p> <p>A. The recipient continues to be at risk for institutionalization, or hospitalization, or is placed outside the natural living environment.</p> <p style="text-align: center;">OR</p> <p>B. The recipient continues to have unmet identified needs from multiple agencies.</p> <p style="text-align: center;">OR</p> <p>C. The recipient continues to need advocacy and service coordination to direct service provisions from multiple agencies.</p> <p><i>*Note: Any denial, reduction, suspension, or termination of service requires notification to the individual and/or legal guardian about their appeal rights.</i></p>				
Provider Requirement and Supervision				
<p>Persons who meet the requirements specified for professional or paraprofessional status for the appropriate disability population or qualified professional or paraprofessional status for the appropriate disability population according to 10 NCAC 14V. Or the N.C. Infant-Toddler Program Guidance for Personnel Certification (APSM 120-1). Supervision is provided according to supervision requirements specified in 10 NCAC 14V and according to licensure/certification requirements of the appropriate discipline.</p>				
Documentation Requirements				
<p>Documentation is required for area program clients in the client's regular or case management record.</p>				
Appropriate Service Codes				
Medicaid	IPRS	Pioneer	UCR-WM (CTSP)	UCR-TS (MR/MI)
Not Billable	YP215	215	YA215	215

Community Based Services

Community Based Services is psychoeducational and supportive in nature and intended to meet the mental health, developmental disability, and substance abuse needs of clients with significant functional deficits or who because of negative environmental, medical or biological factors, are at risk of developing or increasing the magnitude of such functional deficits. Included among this latter group are those at risk for significant developmental delays, atypical development, substance abuse, or mental illness/serious emotional disturbance (SED) which could result in an inability to live successfully in the community without services, support, and guidance. The most typical model has a single provider working directly with clients, parents, or other caregivers (individually or groups) in a naturally occurring setting (home, school etc.) on functional problems that occur in that setting. This service includes education and training of caregivers and others who have a legitimate role in addressing the needs identified in the service plan as well as preventive, developmental, and therapeutic interventions designed to direct client activities, assist with skill enhancement or acquisition, and support ongoing treatment and functional gains. CBS-Individual may be reimbursed up to 8 hours per client per day. CBS Group may be reimbursed up to 2 hours and 45 minutes per day.

Therapeutic Relationship and Interventions

There should be a supportive, therapeutic relationship between the provider and client or primary caregiver of the client which addresses and/or implements interventions outlined in the service plan in any of the following: behavioral interventions, adaptive skills training, crisis intervention, training/enhancing developmental milestones, support in transitioning from one setting or level of care to another, psychoeducational activities, community integration activities, supportive counseling, telephone contact/consult with the client to increase awareness of the disability or to caregiver to enhance support for the client, enhance skills of primary caregiver in relation to the needs of the client, enhance communication and problem solving skills, anger management, monitoring client behavior and response to treatment interventions. Interventions with primary caregiver support and compliment direct client activities.

*For those clients assessed and identified as needing developmental therapies in the service plan, direct care providers may address the following: motor, psychosocial, adaptive, cognitive, vision, sensory development, communication and hearing skills. This definition does not include SP/PT/OT by licensed therapists. They are covered under the medical benefit.

*CBS provided by a professional includes individual and group psychoeducational counseling.

Structure of Daily Living

This service is focused on assisting clients in preventing, overcoming or managing functional deficits in school, home, community and/or assisting the primary caregiver in acquiring the skills needed to assist the client in all functional domains-vocational, educational, personal care, domestic, psychosocial, communication, problem solving, adaptive, etc.

Cognitive and Behavioral Skill Acquisition

This service is intended to assist clients in better understanding how to respond to a wide range of intra/interpersonal issues related to functional deficits and in the acquisition of the behavioral skills needed to compensate for, overcome or manage those deficits and/or to assist the primary care giver in better meeting the client's needs related to functional deficits and identified needs in the service plan.

Service Type

There are two service types: Professional and Paraprofessional. Both providers may provide this service individually and on a group basis. The intent of this service is not to take the place of day/night or 24-hour services. This service is billable to Medicaid.

* See Provider requirements for distinctions between these two levels.

Resiliency/Environmental Intervention
This service focuses on assisting clients in becoming connected to naturally occurring support systems and relationships in the community including developing and providing support for health and safety factors.
Service Delivery Setting
This service is provided in home, school or any other community setting in which functional deficits have been assessed or identified. For clients in a structured program, the staff of the structured program must be involved in the treatment planning process, where the role and interventions of the CBS worker are clearly defined in the course of treatment, i.e. school, day care, etc.
Medical Necessity
<p>There is an Axis I or II diagnosis (may include V codes) or the person has a condition that may be defined as a developmental disability as defined in GS 122C-3 (12a).</p> <p style="text-align: center;">And,</p> <p>LOC level A for Group/LOC level B for Individual/ NCSNAP/ASAM or children under age 3 determined to be eligible for early intervention services through procedures documented in the North Carolina Infant Toddler Program Manual (Bulletins 16 and 22).</p> <p style="text-align: center;">And,</p> <p>The client is experiencing difficulties in at least one of the following areas: functional impairment, barriers to service access, crisis intervention/diversion/aftercare needs, and/ or at risk for developmental delays or atypical development in any one of the following areas-</p> <ul style="list-style-type: none"> A). The client's level of functioning has not been restored or improved and may indicate a need for community based interventions in a natural setting if any one of the following apply: <ul style="list-style-type: none"> -1a. Being unable to remain in family or community setting due to symptoms associated with diagnosis, therefore being at risk for out of home placement, hospitalization, and or institutionalization. -2a. Presenting with intensive verbal and some physical aggression due to symptoms associated with diagnosis, which are sufficient to create functional problems in a community setting. -3a. Being at risk of exclusion from services, placement or significant community support systems as a result of functional behavioral problems associated with diagnosis. B). Functional problems which may result in the client's inability to access clinic based services in a timely and helpful manner. C). Persistent or recurring behaviors or symptoms which result in the need for crisis services contacts, diversion from out of home placement (hospital or residential treatment) related to MH/DD/DAD diagnosis, or involuntary commitment within the relevant past. D). Service is a part of an aftercare planning process (time limited step down or transitioning) and is required to avoid returning to a higher, more restrictive level of service. E). At risk for developmental delays/atypical development and may need specialized therapies because of identified risk factor, as evidenced by the multidisciplinary assessment. F). Individual requires assistance, and/ or training to access community supports and for activities of daily living.
Service Order Requirement
For Medicaid reimbursement, this service must be ordered by a primary care physician, psychiatrist, or a licensed psychologist. The service order should specify which level of CBS service is to be provided (i.e., CBS-Professional or CBS-Paraprofessional).

Continuation/Utilization Review Criteria
<p>The desired behavior or level of functioning has not been restored, improved, or sustained over the time frame outlined in the client's service plan or the client continues to be at risk for relapse based on history or the tenuous nature of functional gains or any one of the following apply:</p> <ul style="list-style-type: none"> A). Client has achieved initial service plan goals and additional goals are indicated. B). Client is making satisfactory progress toward meeting goals. C). Client is making some progress but the service plan (specific interventions) should be modified to determine if greater gains are possible. D). Client is not making progress; the service plan must be modified to identify more effective interventions. E). Client is regressing; the service plan must be modified to identify more effective interventions. <p>For those clients receiving 8 hours of CBS per day, utilization review must be conducted at a minimum of 90 days and so documented in the service record.</p>
Discharge Criteria
<p>Client's level of functioning has improved with respect to the goals outlined in the service plan, inclusive of a transition plan to step down, or no longer benefits, or has the ability to function at this level of care and any of the following apply:</p> <ul style="list-style-type: none"> A). Client has achieved goals, discharge to a lower level of care is indicated. B). Client is not making progress, or is regressing and all appropriate treatment options have been exhausted. <p>Any denial, reduction, suspension, or termination of service requires notification to the client and/or legal guardian about their appeal rights. (applicable to Medicaid Services)</p>
Service Maintenance Criteria
<p>If the client is functioning effectively with this service and discharge would otherwise be indicated, CBS should be maintained when it can be reasonably anticipated that regression is likely to occur if the service is withdrawn. The decision should be based on any one of the following:</p> <ul style="list-style-type: none"> A). Past history of regression in the absence of the CBS is documented in the record. <p style="text-align: center;">Or</p> <ul style="list-style-type: none"> B). In the event, there is an epidemiologically sound expectation that symptoms will persist and that ongoing treatment interventions are needed to sustain functional gains, the presence of a DSM-IV diagnoses which would necessitate a disability management approach. <p>Any denial, reduction, suspensions, or termination of service requires notification to the individual about their appeal right. (Applicable to Medicaid Services)</p>
Provider Requirement and Supervision
<p>Professional level- Persons who meet the requirements specified for Professional status for the appropriate disability population or Qualified Professional Status for the appropriate disability population according to <i>10 NCAC 14V</i>. or the N.C. Infant-Toddler Program Guidance for Personnel Certification (APSM 120-1) may deliver CBS Professional Service within the requirements of the staff definition specified in the above rule. Supervision is provided according to supervision requirements specified in <i>10 NCAC 14V</i> and according to licensure/certification requirements of the appropriate discipline.</p> <p>Paraprofessional level- Persons who meet the requirements specified for Paraprofessional status according to <i>10 NCAC 14V</i>. or the N.C. Infant-Toddler Program Guidance for Personnel Certification (APSM 120-1) may deliver CBS</p>

Paraprofessional Services within the requirements of the staff definition specified in the above rule. Supervision of Paraprofessionals is also to be carried out according to *10 NCAC 14V*.

**** Staff previously providing HRI-P or CBI will be “grandfathered” in and allowed to provide CBS. However all new hires must meet the above requirements.

Documentation Requirements

Minimal standard is a daily contact log that describes provider’s intervention directly related to the goal listed in the service plan at the paraprofessional level.

Minimal standard is a daily full service note that includes the purpose of contact, describes provider’s intervention, and effectiveness of the intervention at the professional level.

The client’s service plan identifies the areas of functional deficits, preferences, goals, service types, and intervention, along with frequency which will be provided to restore, improve or maintain the client level of functioning.

A step down plan of action and/or clinical justification in the service plan must be included for clients receiving more than 3 hours per day of CBS.

Appropriate Service Codes

Service type	Medicaid	IPRS	Pioneer	UCR-WM (CTSP)	UCR –TS (MR/MI)
Professional ECI-Individual	Y2364	Y2364	490	N/A	N/A
Professional ECI-Group of 2	Y2365	Y2365	491	N/A	N/A
Professional ECI-Group +3	Y2366	Y2366	492	N/A	N/A
Professional-Individual	Y2367	Y2367	480	480	480
Professional Group of 2	Y2368	Y2368	481	481	481
Professional Group +3	Y2369	Y2369	482	482	482
Paraprofessional- Individual	Y2370	Y2370	470	470	470
Paraprofessional- Group of 2	Y2371	Y2371	471	471	471
Paraprofessional-Group +3	Y2372	Y2372	472	472	472

Community Based Service - Professional

Community Based Service- Professional is a service provided by a professional and targeted to clients who have mental health, developmental disability and substance abuse needs. This service may be similar to Outpatient services with the primary exception being the intensity of the service. (See the Medicaid Manual for the full definition) This service also includes education/training of caregivers, service providers and others who have a legitimate role in addressing the needs identified in the service plan (non-agency staff). Activities that are billable under this definition include:

YES	NO
<p>Supportive counseling</p> <p>Staff support for consumer directed and managed activities.</p> <p>Mentors.</p> <p>Adaptive Skill Training in all functional domains -- personal care, domestic, psychosocial, communication, leisure, problem-solving, etc.</p> <p>Behavioral Interventions – Token/Level systems, contracts, Structured Behavior Programs, etc.</p> <p>Community Integration and Support Activities to facilitate adjustment, maintenance, or enhance skills.</p> <p>Modeling, positive reinforcement, redirection, de-escalation, anticipatory guidance, etc.</p> <p>Providing training to caregivers, service providers and others who have a legitimate role in addressing the needs identified in the service plan (non-agency staff).</p> <p>Staff to work with the individual in the school, home, community, childcare and inclusive day programs, vocational settings, etc. to provide functional support. CBS may be provided to a child who currently resides in a residential setting only when CBS meets medical necessity for services when the child is in school or when the child is on a community outing.</p> <p>Recreational activities when used as a strategy to meet clinical goals (e.g., therapeutic horseback riding, OT activities, therapeutic camping).</p> <p>Telephone contact with the individual or caretaker.</p> <p>Group and Individual psychoeducational activities.</p> <p>Sensory stimulation training.</p> <p>Vision therapy, Mobility training, Audiological stimulation, Communication training including use of assistive technology/alternative language, etc.</p> <p>Relaxation therapy, Infant massage, Stress Management, etc.</p> <p>Modeling reciprocity/engagement, Cue reading, training in developmental milestones, etc.</p>	<p>Participating in treatment team meetings.</p> <p>Writing CBS treatment plans, contact log notes, service notes, etc.</p> <p>Filling out SALs, timesheets, etc.</p> <p>Reading, copying, synthesizing information.</p> <p>Meeting without the individual or relevant others being present.</p> <p>Staff travel time.</p> <p>CBS activities while an individual resides in a Medicaid funded treatment setting (e.g., ICF-MR, general or psychiatric hospital).</p> <p>Providing the service for the sole purpose of childcare or before school or after school care.</p> <p>Staff to augment funding in a school setting, or Medicaid-residential treatment setting.</p> <p>Staff providing development day services may not bill for other services for the same time period</p> <p>CBS cannot be provided in a Medicaid-funded residential facility or PRTF</p> <p>CBS cannot be provided to duplicate or replace any other funded treatment service provision</p>

Community Based Service - Paraprofessional

Community Based Service – Paraprofessional is a service provided by a paraprofessional and is targeted to clients who have mental health, developmental disabilities, and substance abuse needs when provided by a paraprofessional (see Medicaid Manual for full definition). The paraprofessional staff implements identified interventions under the supervision of a Qualified Professional. This service also includes education/training of caregivers, service providers and others who have a legitimate role in addressing the needs identified in the service plan (non-agency staff). Activities that are billable under this definition include:

YES	NO
<p>Supportive Counseling. Staff support for consumer directed and managed activities.</p> <p>Group and Individual psychoeducational activities.</p> <p>Adaptive Skill Training in all functional domains -- personal care, domestic, psychosocial, communication, leisure, problem-solving, etc.</p> <p>Behavioral Interventions – Token/Level systems, Contracts, Structured Behavioral Programs, etc.</p> <p>Mentors.</p> <p>Community Integration and Support activities to facilitate adjustment, maintenance, and enhance skills.</p> <p>Modeling, positive reinforcement, redirection, de-escalation, anticipatory guidance, etc.</p> <p>Providing training to caregivers, service providers and others who have a legitimate role in addressing the needs identified in the service plan (non-agency staff).</p> <p>Staff to work with the individual in the school, home, community, childcare and inclusive day programs, vocational settings, etc. to provide functional support.</p> <p>CBS may be provided to a child who currently resides in a residential setting only when CBS meets medical necessity for services when the child is in school or when the child is on a community outing.</p> <p>Recreational activities when used as a strategy to meet clinical goals (e.g., therapeutic horseback riding, OT activities, therapeutic camping).</p> <p>Telephone contact with the individual or caretaker.</p> <p>Time spent monitoring medical care when not directly engaged with the individual or service provider (Waiting while the individual receives dental care and discussing further services).</p>	<p>Participating in treatment team meetings.</p> <p>Writing CBI treatment plans, contact log notes, service notes, etc.</p> <p>Filling out SALs, timesheets, etc.</p> <p>Reading, copying, synthesizing information.</p> <p>Meeting without the individual or relevant others being present.</p> <p>Staff travel time.</p> <p>CBS activities while an individual resides in a Medicaid funded treatment setting (e.g., ICF-MR, general or psychiatric hospital).</p> <p>Providing the service for the sole purpose of childcare or before school or after school care.</p> <p>Staff to augment funding in a school setting, or Medicaid –residential treatment setting.</p> <p>Staff providing developmental day services may not bill for other services for the same time period</p> <p>CBS cannot be provided in a Medicaid-funded residential facility or PRTF</p> <p>CBS cannot be provided to duplicate or replace any other funded treatment service provision.</p>

Community Rehabilitation Program (Sheltered Workshop)

A Community Rehabilitation Program is a day/night service which provides work-oriented services including various combinations of evaluation, developmental skills training, vocational adjustment, job placement, and extended or sheltered employment to individuals of all disability groups sixteen years of age or over who have potential for gainful employment. This service is designed for individuals who have demonstrated that they do not require the intensive training and structure found in programs such as ADVPs, but have not yet acquired the skills necessary for competitive employment. It provides the individual opportunity to acquire and maintain life skills, including appropriate work habits, specific job skills, self-help skills, socialization skills, and communication skills. This service focuses on vocational/productive work activities for individuals who have potential for gainful employment, as determined by Vocational Rehabilitation Services or the ability to participate in a community rehabilitation program. Community Rehabilitation Programs are subject to Department of Labor Federal Wage and Hour Guidelines for the Handicapped.

Guidelines:

- (1) May only be provided in a VR approved facility or a facility licensed under G.S. 122-C.
- (2) Only direct client attendance time is reported.
- (3) Preparation, documentation and staff travel time are not reported.
- (4) Documentation in the client record is required.
- (5) Community Rehabilitation Program services provided to clients who are sponsored by Vocational Rehabilitation in an area operated program are to be reported and a revenue adjustment to be made; OR such services can be excluded from both cost finding and event reporting in accordance with funding guidelines. All Community Rehabilitation Program services to area program clients which are supported by area program funding are to be reported.

Therapeutic Relationship and Interventions

There should be a supportive, therapeutic relationship between the providers and consumer which addresses and/or implements interventions outlined in the service plan.

Structure of Daily Living

This service is designed to adhere to the principles of normalization and community integration.

Cognitive and Behavioral skill Acquisition

This service is intended to assist individuals to prepare to live and work as independently as possible.

Service Type

This is day/night type of service under NC Administrative Code T10:14V.2300. This service is not billable to Medicaid.

Resiliency/Environmental Intervention

This service focuses on assisting the individuals in acquiring and maintaining life skills, with a focus on vocational/productive work activities.

Service Delivery Setting

May only be provided in a licensed or VR approved facility.

Medical Necessity

Per 10 NCAC 14V .2306 (b)(3), a qualified professional or an associate professional shall certify the eligibility of each client for the Community Rehabilitation Program service according to the following criteria:

- A. There is an Axis I or II diagnosis present or the person has a condition that may be defined as a developmental disability as defined in GS 122C-3 (12a).

AND

- B. Level NCSNAP/ASAM

AND

- C. The recipient is experiencing difficulties in at least one of the following areas:

<ul style="list-style-type: none"> 4. Functional impairment 5. crisis intervention/diversion/aftercare needs, and/or 6. at risk of placement outside the natural home setting. <p style="text-align: center;">AND</p> <p>D. The recipient's level of functioning has not been restored or improved and may indicate a need for clinical interventions in a natural setting if any of the following apply:</p> <ul style="list-style-type: none"> 5. At risk for out of home placement, hospitalization, and/or institutionalization due to symptoms associated with diagnosis. 6. Presents with intensive verbal, and limited physical aggression due to symptoms associated with diagnosis, which are sufficient to create functional problems in a community setting. 7. At risk of exclusion from services, placement or significant community support systems as a result of functional behavioral problems associated with the diagnosis. 8. Requires a structured setting to foster successful integration into the community through individualized interventions and activities.
Service Order Requirement
N/A per 10 NCAC 14V .2306 (b)(3), a qualified professional or an associate professional shall certify the eligibility of each client for this service.
Continuation/Utilization Review Criteria
Consumer requires this service continue to acquire or maintain life skills or to prepare for competitive employment in the community.
Discharge Criteria
<p>Consumer's level of functioning has improved with respect to the goals outlined in the service plan, or no longer benefits from this service. The decision should be based on one of the following:</p> <ul style="list-style-type: none"> 3. Consumer has achieved service plan goals, discharge to a lower level of care is indicated. 4. Consumer is not making progress, or is regressing, and all realistic treatment options within this modality have been exhausted.
Service Maintenance Criteria
<p>If the recipient is functioning effectively with this service and discharge would otherwise be indicated, Community Rehabilitation Program services should be maintained when it can be reasonably anticipated that regression is likely to occur if the service is withdrawn. The decision should be based on any one of the following:</p> <p>A. Evidence that gains will be lost in the absence of Community Rehabilitation Program services is documented in the service record.</p> <p style="text-align: center;">OR</p> <p>B. In the event there are epidemiologically sound expectations that symptoms will persist and that ongoing treatment interventions are needed to sustain functional gains, the presence of a DSM-IV diagnosis would necessitate a disability management approach.</p> <p><i>*Note: Any denial, reduction, suspension, or termination of service requires notification to the recipient and/or legal guardian about their appeal rights.</i></p>
Provider Requirement and Supervision
The facility must have a designated full-time program director and a designated program coordinator. At least one staff member shall be designated as a client evaluator. The required staff ratio is one staff to ten or fewer clients.

Documentation Requirements				
Documentation in the client record is required as specified in the Service Records Manual.				
Appropriate Service Codes				
Medicaid	IPRS	Pioneer	UCR-WM (CTSP)	UCR –TS (MR/MI)
Not Billable	YP650	650	N/A	650

Consultation, Education & Primary Prevention

Consultation is a service provided to other mental health, human service, and community planning/development organizations or to individual practitioners in other organizations. The service is designed to assist in the development of insights and skills of the practitioner necessary for service responsibility. The ultimate goal is to increase the quality of care available in the service delivery system. Additionally, this service is designed to assist organizations and/or practitioners to improve the mental health environment within their service delivery system.

Education is a service which is designed to inform and teach various groups; including clients, families, schools, businesses, churches, industries, civic and other community groups about the nature of mental health, developmental disabilities, and substance abuse disorders, and about available community resources. It also serves to improve the social functioning of recipients by increasing awareness of human behavior and providing alternative cognitive/behavioral responses to life's problems.

Primary Prevention is a service which is designed to inform and teach individuals, various groups, or the population at large about the insights and skills related to healthy living and the avoidance of mental health, developmental disability, or substance abuse problems. The service includes activities designed to promote self-esteem and positive decision making of the recipients. The service is differentiated from secondary prevention, which may include similar activities that are targeted to specifically identified high risk populations. Examples include: classes on parenting skills offered to the general public; speeches on stress management; fun/activity fairs for children; speeches on fetal alcohol syndrome, etc.

GUIDELINES:

- (1) Include face-to-face and telephone time in contact with practitioners or groups.
- (2) Time spent organizing or staffing community coalitions, and time spent marketing EAP services to businesses, colleges, or universities are billable in this type of service.
- (3) Staff Travel Time to be reported separately.
- (4) Preparation/documentation time NOT reported.
- (5) Education groups for clients or family members, when provided as a part of an individual treatment plan, should be reported as High Risk Intervention or Outpatient Treatment/Habilitation as defined.
- (6) Prevention activities that are targeted to specifically identified high risk children and youth are considered to be secondary prevention and should be reported as High Risk Intervention as defined.

Therapeutic Relationship and Interventions

N/A

Structure of Daily Living

N/A

Cognitive and Behavioral Skill Acquisition

N/A

Service Type

This is a periodic type of service. This service is not billable to Medicaid.

Resiliency/Environmental Intervention

N/A

Service Delivery Setting

May be provided in any location

Medical Necessity				
N/A				
Service Order Requirement				
N/A				
Continuation/Utilization Review Criteria				
N/A				
Discharge Criteria				
N/A				
Service Maintenance Criteria				
N/A				
Provider Requirement and Supervision				
Provider must be privileged for the type of CEP that he/she is providing.				
Documentation Requirements				
Documentation is required in reports, a staff activity log of some kind, or event tickets.				
Appropriate Service Codes				
Medicaid	IPRS	Pioneer	UCR-WM (CTSP)	UCR –TS (MR/MI)
Not Billable	YP110	110	N/A	110

Day/Evening Activity

Day/Evening activity is a day/night service, which provides supervision and an organized program during a substantial part of the day in a group setting. Participation may be on a routine or occasional basis. The service is designed to support the individual's personal independence and promote social, physical and emotional well-being. A Day/Evening activity program is distinguished from a "Drop In Center" in that the clients who participate in the program are usually referred to the program as a part of their treatment plan.

GUIDELINES:

- (1) Specific professional services provided (routinely or occasionally) to *some, but not all*, clients of the day program by professionals not assigned to the program, shall be reported and accounted for as a part of regular periodic services as defined (e.g., Screenings, Evaluations, individual or group Outpatient Treatment/ Habilitation, for example).
- (2) This service shall be available for the number of hours per day required by Licensure Rules; although, an individual may attend for fewer than three hours.
- (3) The attendance hours of children placed in mainstream day care settings and supported by area program payments are to be costed and reported as Day/Evening Activity. Expenses and staff activity related to the support of children in such settings are to be costed and reported for what they in fact are: i.e., case management; outpatient treatment/habilitation, evaluation, etc.
- (4) Only direct client attendance time is to be reported.
- (5) Preparation, documentation and staff travel time are not to be reported.
- (6) Social and supportive activities provided during the evening and night hours for individuals who are involved in other mental health programs (such as psychosocial rehabilitation , outpatient treatment, supportive employment, etc.) during the day are to be reported as Day/Evening Activity services.
- (7) Social and supportive activities for children before and after school.

Therapeutic Relationship and Interventions

There should be a supportive and therapeutic relationship between the provider and the consumer which addresses and or implements interventions outlined in the service plan. These may include supporting the individual's personal independence and promote social, physical and emotional well-being.

Structure of Daily Living

Day/Evening service supports client through activities such as: social skills development, leisure activities, training in daily living skills, improvement of health status, and utilization of community resources.

Cognitive and Behavioral Skill Acquisition

This service is intended to assist individuals to live as independently as possible.

Service Type

This is a day/evening type of service. Under NC Administrative Code T10:14V .5400. This service is not billable to Medicaid.

Resiliency/Environmental Intervention

This service focuses on assisting the individual in becoming connected to naturally occurring support systems and supports in the community to provide and enhance opportunities for meaningful community participation.

Service Delivery Setting

May only be provided in a licensed facility.

Medical Necessity

A. There is an Axis I or II diagnosis present or the person has a condition that may be defined as a

developmental disability as defined in G.S. 122C-3 (12a).

AND

B. Level of Care Criteria, Level /NCSNAP/ASAM

AND

C. The recipient is experiencing difficulties in at least one of the following areas:

1. functional impairment
2. crisis intervention/diversion/aftercare needs, and/or
3. at risk of placement outside the natural home setting.

AND

D. The recipient's level of functioning has not been restored or improved and may indicate a need for clinical interventions in a natural setting if any of the following apply:

1. At risk for out of home placement, hospitalization, and/or institutionalization due to symptoms associated with diagnosis.
2. Presents with intensive verbal, and limited physical aggression due to symptoms associated with diagnosis, which are sufficient to create functional problems in a community setting.
3. At risk of exclusion from services, placement or significant community support systems as a result of functional behavioral problems associated with the diagnosis.

Requires a structured setting to foster successful integration into the community through individualized interventions and activities.

Service Order Requirement

N/A

Continuation/Utilization Review Criteria

The desired outcome or level of functioning has not been restored, improved, or sustained over the time frame outlined in the consumer's service plan or the consumer continues to be at risk for relapse based on history or the tenuous nature of the functional gains or any one of the following apply:

- A. Consumer has achieved initial service plan goals and additional goals are indicated.
- B. Consumer is making satisfactory progress toward meeting goals.
- C. Consumer is making some progress, but the service plan (specific interventions) need to be modified so that greater gains which are consistent with the consumer's premorbid level of functioning are possible or can be achieved.
- D. Consumer is not making progress; the service plan must be modified to identify more effective interventions.
- E. Consumer is regressing; the service plan must be modified to identify more effective interventions.

Discharge Criteria

Consumer's level of functioning has improved with respect to the goals outlined in the service plan, or no longer benefits from this service. The decision should be based on one of the following:

1. Consumer has achieved service plan goals, discharge to a lower level of care is indicated.
2. Consumer is not making progress, or is regressing, and all realistic treatment options within this modality have been exhausted.

Service Maintenance Criteria

If the recipient is functioning effectively with this service and discharge would otherwise be indicated, service should be maintained when it can be reasonably anticipated that regression is likely to occur if the service is withdrawn. The decision should be based on any one of the following:

- A. Evidence that gains will be lost in the absence of Day/Evening Activity is documented in the service record.

OR

B. In the event there are epidemiologically sound expectations that symptoms will persist and that ongoing treatment interventions are needed to sustain functional gains, the presence of a DSM IV diagnosis would necessitate a disability management approach.

**Note: Any denial, reduction, suspension, or termination of service requires notification to the recipient and/or legal guardian about their appeal rights.*

Provider Requirement and Supervision

Staffing requirement

Adult Mental Health One staff to Eight clients ratio. Each client admitted to a facility shall receive services from a designated qualified professional who has responsibility for the client's treatment, program or case management plan as per 10 NCAC 14V .5402(a). Para-professional staff may provide the other services needed under this definition.

Documentation Requirements

Documentation in the client record is required.

Appropriate Service Codes

Medicaid	IPRS	Pioneer	UCR-WM (CTSP)	UCR-TS (MR/MI)
Not Billable	YP660	660	YA660	660

Day Supports

Day Supports is a service definition that allows for all supports services provided on behalf of an individual in a day setting to be delivered under one service heading and reported in an aggregate daily record.

Individual services which may be included in this service are those generally understood as habilitation/support services: Assistance with acquisition, retention, or improvement in self-help, socialization and adaptive skills which takes place in a non-residential setting, separate from the home or facility in which the individual resides. Services shall normally be furnished four (4) or more hours per day on a regularly scheduled basis, for one (1) or more days per week unless provided as an adjunct to other day activities included in an individual's plan of care.

Day Supports services shall focus on enabling the individual to attain or maintain his or her maximum functional level and shall be coordinated with any physical, occupation, or speech therapies listed in the individual's service plan. In addition, day supports services may serve to reinforce skills or lessons taught in school, therapy, or other settings.

Prevocational services are not available under other programs may be billed to this service. Such services include teaching such concepts as compliance, attendance, task completion, problem solving and safety. Prevocational services are provided to persons not expected to be able to join the general work force or participate in a transitional sheltered workshop within one year (excluding supported employment programs).

A combination of services otherwise provided under the following periodic services may be provided under this code:

Personal Assistance
Community Based Service
Personal Care Services-Individual
Therapeutic Intervention/Crisis Prevention
Professional Treatment Services in Facility-Based Crisis Program
Social Inclusion - Individual

GUIDELINES

1. Payment for day supports does not include payments made directly to members of the individual's immediate family;
2. Whereas the completion of a daily record is sufficient for the purposes of billing this service definition, records of individual services provided to the individual must be maintained for the purposes of an audit trail.

Therapeutic Relationship and Interventions

There should be a supportive therapeutic relationship between the provider and the client which addresses and/or implements interventions outlined in the service plan.

Structure of Daily Living

This service is focused on the implementation of strategies and activities in the person's service plan that support personal interaction, enhanced social roles and community membership.

Cognitive and Behavioral Skill Acquisition
This service is intended to assist individuals to live as independently as possible.
Service Type
Daily service. This service is not billable to Medicaid.
Resiliency/Environmental Intervention
This service focuses on assisting individuals in becoming connected to naturally occurring support systems and relationships in the community to provide and enhance opportunities for meaningful community participation.
Service Delivery Setting
This service can be provided in any location.
Medical Necessity
<p>A. There is an Axis I or II diagnosis present or the person has a condition that may be defined as a developmental disability as defined in GS 122C-3 (12a)</p> <p style="text-align: center;">AND</p> <p>B. Level of Care Criteria, Level NCSNAP/ASAM</p> <p style="text-align: center;">AND</p> <p>C. The recipient is experiencing difficulties in at least one of the following areas:</p> <ol style="list-style-type: none"> 1. functional impairment 2. crisis intervention/diversion/aftercare needs, and/or 3. at risk of placement outside the natural home setting. <p style="text-align: center;">AND</p> <p>D. The recipient's level of functioning has not been restored or improved and may indicate a need for clinical interventions in a natural setting if any of the following apply:</p> <ol style="list-style-type: none"> 1. At risk for out of home placement, hospitalization, and/or institutionalization due to symptoms associated with diagnosis. 2. Presents with intensive verbal, and limited physical aggression due to symptoms associated with diagnosis, which are sufficient to create functional problems in a community setting. 3. At risk of exclusion from services, placement or significant community support systems as a result of functional behavioral problems associated with the diagnosis. 4. Requires a structured setting to foster successful integration into the community through individualized interventions and activities.
Service Order Requirement
N/A
Continuation/Utilization Review Criteria
The client continues to have needs that are met by this service definition.
Discharge Criteria
<p>Consumer's level of functioning has improved with respect to the goals outlined in the service plan, or no longer benefits from this service. The decision should be based on one of the following:</p> <ol style="list-style-type: none"> 1. Consumer has achieved service plan goals, discharge to a lower level of care is indicated. 2. Consumer is not making progress, or is regressing, and all realistic treatment options within this modality have been exhausted.

Service Maintenance Criteria

If the recipient is functioning effectively with this service and discharge would otherwise be indicated, Day Supports should be maintained when it can be reasonably anticipated that regression is likely to occur if the service is withdrawn. The decision should be based on any one of the following:

- A. Evidence that gains will be lost in the absence of Day Supports is documented in the service record.
- OR**
- B. In the event there are epidemiologically sound expectations that symptoms will persist and that ongoing treatment interventions are needed to sustain functional gains, the presence of a DSM IV diagnosis would necessitate a disability management approach.

**Note: Any denial, reduction, suspension, or termination of service requires notification to the recipient and/or legal guardian about their appeal rights.*

Provider Requirement and Supervision

Direct care providers shall meet the competencies and supervision requirements as specified in 10 NCAC 14V .0202 and .0204.

Documentation Requirements

Documentation is required as specified in the Service Records Manual.

Appropriate Service Codes

Medicaid	IPRS	Pioneer	UCR-WM (CTSP)	UCR –TS (MR/MI)
Not Billable	YM580	N/A	N/A	580

Day Treatment
Day Treatment is a service for adults and children that include a variety of services designed to meet the treatment needs of the individual consumer in a structured setting. These services include therapeutic or rehabilitation goals and individually specific treatment objectives designed to provide intensive services that enable the consumer to maintain his residence in a non-institutional setting or to function successfully in a mainstream educational setting. Consumers may be residents of their own home, a substitute home, or a group care setting, however, the day treatment must be provided in a setting separate from the consumer's residence.
Therapeutic Relationship and Interventions
There should be a supportive, therapeutic relationship between the providers and consumer which addresses and/or implements interventions outlined in the service plan in any of the following: behavioral interventions/management, social and other skill development, adaptive skill training, enhancement of communication and problem – solving skills, anger management, family support, monitoring of psychiatric symptoms, psychoeducational activities, and positive reinforcement.
Structure of Daily Living
This service focuses on assisting consumers in overcoming or managing functional deficits in the school setting, therapeutic preschool, specialized summer day treatment, therapeutic day camp programs, Social and support activities provided during the evening and hours that recipients are involved in other programs must be deducted from the total time the recipient spent in or received other services outside the scope of this definition.
Cognitive and Behavioral Skill Acquisition
This service includes a structured approach that addresses the identified functioning problems associated with the complex conditions of the identified consumer. These interventions are designed to support symptom stability, increasing the individual's ability to cope and relate to others, and enhancing the highest level of functioning to mainstream or maintain community based services.
Service Type
This is a day/night service that must be available three hours a day minimally, with a staff-to-consumer ratio consistent with the licensure requirements outlined in 10 NCAC 14V. This service is Medicaid billable.
Resiliency/Environmental Intervention
This service includes professional services on an individual and group basis in a structured setting that may be offered to some consumers, but not all consumers.
Service Delivery Setting
This service is provided in a licensed and structured program setting where all billable activities related to this service must take place within the normally scheduled operating hours and within the community where the Day Treatment service is located. Only the time the consumer spends in direct attendance and participation in the program can be reported.
Medical Necessity
Must have Axis I or II diagnosis, AND,

Either One or Two met

1. Level of Care Criteria, Level C/NCSNAP/,

OR,

2. The consumer is experiencing difficulties in at least one of the following areas:

Functional impairment, crisis intervention/diversion/aftercare needs, and/or at risk for placement outside the natural home setting.

AND,

The consumer's level of functioning has not been restored or improved and may indicate a need for clinical interventions in a natural setting if any one of the following apply:

1a. Being unable to remain in family or community setting due to symptoms associated with diagnosis, therefore being at risk for out of home placement, hospitalization, and/or institutionalization.

2a. Presenting with intensive, verbal and limited physical aggression due to symptoms associated with diagnosis, which are sufficient to create functional problems in a community setting.

3a. Being at risk of exclusion from services, placement or significant community support system as a result of functional behavioral problems associated with diagnosis.

4a. Requires a structured setting to monitor mental stability and symptomology, and foster successful integration into the community through individualized interventions and activities.

5a. Service is a part of an aftercare planning process (time limited or transitioning) and is required to avoid returning to a higher, more restrictive level of service.

Service Order Requirement

For Medicaid reimbursement, a physician or licensed psychologist must order this service prior to or on the day the service is initiated.

Continuation/Utilization Review Criteria

The desired outcome or level of functioning has not been restored, improved, or sustained over the time frame outlined in the consumer's service plan or the consumer continues to be at risk for relapse based on history or the tenuous nature of the functional gains or any one of the following apply:

A). Consumer has achieved initial service plan goals and additional goals are indicated.

B). Consumer is making satisfactory progress toward meeting goals.

C). Consumer is making some progress, but the service plan (specific interventions) need to be modified so that greater gains which are consistent with the consumer's premorbid level of functioning are possible or can be achieved.

D). Consumer is not making progress; the service plan must be modified to identify more effective interventions.

E). Consumer is regressing; the service plan must be modified to identify more effective interventions.

AND

Utilization review must be conducted every 6 months and is so documented in the service record.

Discharge Criteria

Consumer's level of functioning has improved with respect to the goals outlined in the service plan, inclusive of a transition plan to step down, or no longer benefits, or has the ability to function at this level of care and any of the following apply:

A). Consumer has achieved goals, discharge to a lower level of care is indicated.

B). Consumer is not making progress, or is regressing and all realistic treatment options with this modality have been exhausted.

Any denial, reduction, suspension, or termination of service requires notification to the consumer and/or

legal guardian about their appeal rights.

Service Maintenance Criteria

If the consumer is functioning effectively with this service and discharge would otherwise be indicated, day treatment should be maintained when it can be reasonably anticipated that regression is likely to occur if the service is withdrawn. The decision should be based on any one of the following:

A). Past history of regression in the absence of day treatment is documented in the consumer record.

OR

B). The presence of a DSM-IV diagnosis which would necessitate a disability management approach. In the event, there is epidemiological sound expectations that symptoms will persist and that on going treatment interventions are needed to sustain functional gains.

Any denial, reduction, suspension, or termination of service requires notification to the consumer and/or legal guardian about their appeal rights.

Provider Requirement and Supervision

All services in the day treatment milieu are provided by a team, which may have the following configuration: social workers, psychologists, therapists, case managers, and other MH/SA paraprofessional staff.

Documentation Requirements

Minimum documentation is a weekly service note that includes the purpose of contact, describes the provider's interventions, and the effectiveness of the interventions.

Appropriate Service Codes

Medicaid	IPRS	Pioneer	UCR-WM (CTSP)	UCR –TS (MR/MI)
Y2311 – Child	Y2311 – Child	670	330	N/A
Y2312 – Adult	Y2312 – Adult	670	N/A	670

***Day Treatment/PH will be separated into two separate codes in the near future for Medicaid billing.**

Day Treatment

Day Treatment is a service for adults and children which offers a variety of configurations. Day treatment typically is a long-term treatment component whereas Partial Hospitalization is an interim treatment for prevention of hospitalization or as a step-down from hospitalization. Per Medicaid regulations, this program must be offered for 3 hours per day, although a participant may attend for less than this time.

YES	NO
<p>Psychoeducational activities.</p> <p>Recreational activities when used as a strategy to meet goals.</p> <p>Education to recipient and collaterals about mental health and substance abuse issues, medication, wellness, etc.</p> <p>Basic educational skills development.</p> <p>Prevocational activities</p> <p>Individual and group psychotherapy</p> <p>Behavioral interventions including token/ level systems structured behavior programs, etc.</p> <p>Supportive counseling.</p> <p>Community integration activities.</p> <p>Support groups.</p> <p>Modeling, positive reinforcements, redirection, de-escalation, anticipatory guidance, etc.</p> <p>Adaptive skills training in all functional domains—personal care, domestic, social, communication, leisure, problem- solving, etc.</p> <p>Family support services.</p> <p>Transporting recipients to the activities when part of the program day.</p>	<p>Education curriculum.</p> <p>Vocational activities.</p> <p>Writing treatment plans, service notes, etc.</p> <p>Staff travel time.</p> <p>Case Management functions.</p> <p>Outreach efforts when the recipient is absent from the program.</p> <p>Transporting the recipient to and from the day treatment/ PH program.</p>

Detox-Social Setting

Detox-Social Setting services are 24-Hour services which provide social support and other non-medical services to individuals who are experiencing physical withdrawal from alcohol or other drugs. Individuals receiving this service need a structured residential setting but are not in need of physician services; however, back-up physician services are available, if indicated. The service is designed to withdraw an individual from alcohol or other drugs, and to prepare him to enter a more extensive treatment and rehabilitation program.

GUIDELINES:

- .(1) Treatment services (individual or group) provided to clients of the detox program by professionals not assigned to (or cost found for) the program, are to be reported as screening, evaluation, outpatient treatment/habilitation, as appropriate.
- (2) Treatment services (individual or group) provided to all clients by staff assigned to (or cost found) as a part of the detoxification program are included in the cost and are NOT to be reported separately.
- (3) Detoxification services provided to an individual in a 24-hour facility, on an outpatient basis, for less than 24-hours may be included in the cost and may be reported as fractions of a 24-hour period. Outpatient detoxification provided in a non-24-hour facility should be costed and reported as Outpatient Treatment/Habilitation.

Client day, to be counted in a midnight occupied bed count, or as a partial day.

Therapeutic Relationship and Interventions

This service offers a range of cognitive, behavioral, medical, mental health and other therapies administered to the patient on an individual or group basis. These are designed to enhance the patient's understanding of addiction, the completion of the detoxification process and referral to an appropriate level of care for continuing treatment. These supportive interventions assist the recipient with coping and functioning on a day-to-day basis to prevent hospitalization.

Structure of Daily Living

This service is designed to provide clinically monitored residential detoxification services to assist in overcoming or managing the identified crisis or acute situations on the service plan.

Cognitive and Behavioral Skill Acquisition

This service is primarily crisis oriented, focusing on treatment to reduce the acuity of substance abuse symptoms and increasing coping abilities or skills, or sustaining the achieved level of function.

Service Type

This is a 24-hour service that is offered seven days a week. This service is not billable to Medicaid.

Resiliency/Environmental Intervention

This service assists the recipient with remaining in the community and receiving clinically monitored residential detoxification services without the structure of an inpatient setting. This structured program assesses, monitors, and stabilizes acute symptoms 24 hours a day. These detoxification services must be offered in a residential facility.

Service Delivery Setting				
May only be provided in a licensed facility				
Medical Necessity				
The recipient is eligible for this service when:				
A. There is an Axis I or II diagnosis present,				
AND,				
B. ASAM (American Society of Addiction Medicine) Criteria for Level III.2-D is met.				
Service Order Requirement				
N/A				
Continuation/Utilization Review Criteria				
ASAM Length of Service/Continued Service and Discharge Criteria for Level III.2-D				
And				
Utilization review must be conducted after the first 72 hours (on the fourth day), may be authorized in increments of 4 days thereafter and is so documented in the service record.				
Discharge Criteria				
ASAM Length of Service/Continued Service and Discharge Criteria for Level III.2-D				
Service Maintenance Criteria				
N/A				
Provider Requirement and Supervision				
A direct care staff to recipient ratio of 1:9 shall be on duty at all times.				
Documentation Requirements				
Minimum documentation required is a daily service note per shift in the client record.				
Appropriate Service Codes				
Medicaid	IPRS	Pioneer	UCR-WM (CTSP)	UCR-TS (MR/MI)
Not Billable	YP790	790	N/A	790

Developmental Day

Developmental Day is a day/night service which provides individual habilitative programming for children with mental retardation, with or at risk for developmental disabilities, or atypical development in special licensed child care center. It is designed to meet the developmental needs of the children in an inclusive setting to promote skill acquisition in areas such as self-help, fine and gross motor skills, language and communication, cognitive and social skills in order to facilitate their functioning in a less restrictive environment. This service is also designed to meet child care needs of families and to provide family training and support.

GUIDELINES:

- (1) May only be provided in a licensed facility.
- (2) Specific professional services provided (routinely or occasionally) to clients of the day program by professionals not assigned to (or cost found for) the program, shall be reported and accounted for as a part of regular periodic services as defined (e.g., Screenings, Evaluations, individual or group Outpatient Treatment/Habilitation, for example).
- (3) Individual or Group interventions that meet the service definition and that are directed to child specific goals, over and above what is provided under the developmental day service, may be billed to Community Based Services (CBS) for the purpose of Funding System and Medicaid billing. HOWEVER, see cost finding note below
- (4) It may be provided:
 1. During the day to preschool aged children;
 2. preceding and following the school day during the months of local school operation to children under the age of 18; or
 3. during summer months, to both.
 - ◆ Before/After School and Summered Day facilities must have service available for a minimum of three hours per day (exclusive of transportation time), five days per week, during the months of local school operation. Before/After School and Summered Day facilities must have service available a minimum of eight hours per day (exclusive of transportation time), five days per week, during the weeks in which local school operation is closed for summer break. Individual children may attend for fewer hours. (See NC T10: 14V.2200)
 - ◆ Development Centers that operate while the local school is in normal operation must have services available for a minimum of eight hours per day (exclusive of transportation time), five days per week, twelve months a year. Individual children may attend for fewer hours. (See NC T10: 14V .2400):
- (5) Only direct client attendance time is to be reported.
- (6) Preparation, documentation and staff travel time are not to be reported.
- (7) Documentation in the client record is required.
- (8) Services provided to children who are sponsored by local schools (DPI) in the developmental day center, are to be reported and a revenue adjustment to be made; OR, such services can be excluded from both cost finding and event reporting in accordance with Funding System guidelines. All developmental day services to area program clients which are supported by area program funding are to be reported.
- (9) Required child-staff ratios are determined by calculating the required staff needed for developmental day rules as well as calculating the required staff needed for child care licensing rules for typically developing children. As long as the minimum child-staff requirement is met, then any additional staff may be used by Developmental Day facilities for ancillary services for which they are qualified and privileged to perform, such as CBS.

PAYMENT UNIT: Client hour, reported in decimal hours, rounding up to the nearest 15 minutes using the eight minute round up rule.

***COST FINDING NOTE:** If staff who are traditionally assigned to a developmental or other day program, are appropriately privileged and supervised to provide CBS services in the day setting, HRI may be reported on an hourly basis. HOWEVER, the related staff time, IM/S and other operating expenses related to CBS must be assigned to the Periodic Service Objective in Cost Finding. Client time spent reported to CBS cannot also be reported as Developmental Day. Special consultation, training, or other technical assistance regarding the multiple-aspects of "unbundling" is available to area programs on request.

Therapeutic Relationship and Interventions

There should be a supportive, therapeutic relationship between the provider and client [or primary caregiver of the client] which addresses and/or implements interventions outlined in the service plan in any of the following: scheduled or unstructured group activities, assistance in transitioning between activities, circle time, language arts activities, general staff-directed learning activities, incidental behavioral guidance and redirection, supervised play, snack and meal time, assistance in toileting and self help activities, child-directed activities, and incidental teaching during free play. Interventions also include the provision of family training and support. This definition does not include ancillary or additional services such as CBS, Case Management, or ST/PT/OT by licensed therapists, which are distinct services apart from developmental day and are, therefore, required to be reported separately.

Structure of Daily Living

Developmental day services are designed as specialized child care centers for the identified population. Early childhood services are provided in a structured, inclusive setting to offer developmentally appropriate activities, support, and guidance for the children enrolled. Developmental day must maintain a high child-staff ratio in order to address the developmental and holistic needs identified on the child's service plan [IFSP, IEP, etc.]. Developmental day also serves to improve each child's level of functioning, increasing coping and adaptive skills, and working toward preventing or minimizing more severe delays in the future.

Cognitive and Behavioral Skill Acquisition

This service provides developmentally appropriate opportunities that are based on the child and/or family's priorities, strengths, resources, and needs by addressing the functional areas associated with cognitive and/or behavioral development. The service focuses on improving the quality of the client's life, promoting skill acquisition, enhancing functional gains, and/or providing assistance to the family members/caregivers to better meet the child's needs.

Service Type

This is a day/night service in an inclusive setting. It is usually provided in group interventions by professional and/or paraprofessional staff under the direct supervision of a professional staff member. This service is not billable to Medicaid.

Resiliency/Environmental Intervention

This structured treatment modality targets developing, improving, or maintaining naturally occurring supports and relationships in an array of the client's natural environments.

Service Delivery Setting

This service provides direct services in a licensed child care facility.

Medical Necessity
<p>The recipient is eligible for this service when there is an Axis I or II diagnosis present or the person has a condition that may be defined as a developmental disability as defined in GS 122C-3 (12a);</p> <p style="text-align: center;">AND</p> <p>NCSNAP, or children under age 3 determined to be eligible for early intervention services through procedures documented in the North Carolina Infant Toddler Program Manual (Bulletins 16 and 22) or, if over age 3, deemed eligible for services based on a documented developmental delay or disability.</p> <p style="text-align: center;">AND</p> <p>The client is experiencing difficulties in at least one of the following areas:</p> <ul style="list-style-type: none"> A). The client's level of functioning is delayed or has not improved and may indicate a need for Developmental day services B). Child is in need of special instruction and/or specialized therapies because of identified risk factors or delays, as evidenced by the multidisciplinary assessment. C). Individual requires assistance, and/ or training to access community supports and for activities of daily living.
Service Order Requirement
<p>A service order is not required for reimbursement by IPRS.</p>
Continuation/Utilization Review Criteria
<p>Services must be listed on the child's service plan [IFSP, etc.], subject to review on a 6-month cycle for children under age 3. For children age 3 and older, services must be listed on the child's service plan [IEP, etc.], subject to annual review.</p>
Discharge Criteria
<p>Children are discharged when they are no longer eligible for the service, when the family chooses to remove the child from the service, when the child has achieved the goals to the extent that services of a less restrictive level of care are indicated, or when the child "ages out" of the program.</p>
Service Maintenance Criteria
<p>Services must be listed on the child's service plan [IFSP, etc.], subject to review on a 6-month cycle for children under age 3. For children age 3 and older, services must be listed on the child's service plan [IEP, etc.], subject to annual review.</p>
Provider Requirement and Supervision
<p>Professional level-</p> <p>Persons who meet the requirements specified for Professional status for the appropriate disability population or Qualified Professional Status for the appropriate disability population according to <i>10 NCAC 14V</i>. or the <i>N.C. Infant-Toddler Program Guidance for Personnel Certification (APSM 120-1)</i> may deliver developmental day services within the requirements of the staff definition specified in the above rule. Supervision is provided according to supervision requirements specified in <i>10 NCAC 14V</i> and according to licensure/certification requirements of the appropriate discipline. If school or preschool age children are served under contract with the Department of Public Instruction, a Preschool Handicapped, B-K, or Special Education certified teacher shall be employed for each 20 children or less. The type of certification shall be based on the ages of the children served.</p> <p>Paraprofessional level-</p>

Persons who meet the requirements specified for Paraprofessional status according to *10 NCAC 14V*, or the *N.C. Infant-Toddler Program Guidance for Personnel Certification (APSM 120-1)* may deliver developmental day services within the requirements of the staff definition specified in the above rule. Supervision of Paraprofessionals is also to be carried out according to *10 NCAC 14V*.

Documentation Requirements

Minimum standard requires that services must be listed on the child's service plan.[IFSP, IEP, etc.] and a quarterly service note which summarizes the child's progress toward the goals and outcomes listed in the service plan.

Appropriate Service Codes

Medicaid	IPRS	Pioneer	UCR-WM (CTSP)	UCR –TS (MR/MI)
Not Billable	YP610	610	N/A	N/A

Drop-In Center

Drop-In Center services are day/night services provided in a centralized location to clients and non-clients on a regular or occasional drop-in basis. The service is designed to provide a safe and healthy environment for needy individuals who otherwise would be unlikely to respond to more structured programming. It is designed to meet some of the social, educational, health, and other non-treatment needs of the individual. It may include individual and group supports and training or retraining activities required for successful maintenance, or re-entry into the individual's vocational or community living situation. A Drop-In Center is distinguished from a "Day/ Evening Activity Program" in that participation is usually spontaneous on the part of the recipient and not necessarily a part of an official treatment plan'.

- (1) Day/Night services certified as one of the following **may not** be included in this category:
 - a. Partial Hospitalization;
 - b. Day Treatment and Education, ED Children;
 - c. Therapeutic Preschool;
 - d. Specialized Summer Day Treatment;
 - e. Therapeutic Day Camp Programs;
 - f. CAP/MR Adult Day Health;
 - g. Developmental Day;
 - h. Adult Developmental Activity Program; or
 - i. Psychosocial Rehabilitation.
- (2) Specific professional services provided (routinely or occasionally) to clients of the day program by professionals not assigned to (or cost found for) the program, shall be reported and accounted for as a part of regular periodic services as defined (e.g., Screenings, Evaluations, individual or group Outpatient Treatment/Habilitation, for example).
- (3) This service is available for a period of three or more hours per day; although, an individual may attend for fewer than three hours.
- (4) Only direct client/non-client attendance time is to be reported.
- (5) Preparation, documentation and staff travel time are not to be reported.

Therapeutic Relationship and Interventions

Drop in Center is a safe and healthy environment which provides supportive services on a drop-in basis to clients and non-clients.

Structure of Daily Living

It is designed to meet some of the social, educational, health, and other non-treatment needs of the individual. It may include individual and group supports and training or retraining activities required for successful maintenance, or re-entry into the individual's vocational or community living situation.

Cognitive and Behavioral Skill Acquisition

This service supports the individual through activities such as: social skills development, leisure activities, training in daily living skills, improvement of health status, and utilization of community resources.

Service Type

This is a day/evening type of service. Under NC Administrative Code T10:14V .5400. This service shall be available for the number of hours per day required by Licensure Rules; although, an individual may attend for fewer than three hours. This service is not Medicaid billable.

Resiliency/Environmental Intervention				
This services assists consumers in utilizing naturally occurring support systems and relationships in the community.				
Service Delivery Setting				
This service may only be provided in a licensed facility.				
Medical Necessity/Clinical Appropriateness				
<p>A. There is an Axis I or II diagnosis present or the person has a condition that may be defined as a developmental disability as defined in GS 122C-3 (12a).</p> <p style="text-align: center;">AND</p> <p>B. Level of Care Criteria, /NCSNAP/ASAM</p> <p style="text-align: center;">AND</p> <p>C. The recipient is experiencing difficulties in at least one of the following areas:</p> <ol style="list-style-type: none"> 1. functional impairment 2. crisis intervention/diversion/aftercare needs, and/or 3. at risk of placement outside the natural home setting. <p style="text-align: center;">AND</p> <p>D. The recipient's level of functioning has not been restored or improved and may indicate a need for clinical interventions in a natural setting if any of the following apply:</p> <ol style="list-style-type: none"> 1. At risk for out of home placement, hospitalization, and/or institutionalization due to symptoms associated with diagnosis. 2. Presents with intensive verbal, and limited physical aggression due to symptoms associated with diagnosis, which are sufficient to create functional problems in a community setting. 3. At risk of exclusion from services, placement or significant community support systems as a result of functional behavioral problems associated with the diagnosis. 4. Requires a structured setting to foster successful integration into the community through individualized interventions and activities. 				
Service Order Requirement				
N/A				
Continuation/Utilization Review Criteria				
N/A				
Discharge Criteria				
N/A				
Service Maintenance Criteria				
N/A				
Provider Requirement and Supervision				
Each drop in Center shall have at least one staff member on site at all times when clients are present in the facility.				
Documentation Requirements				
Documentation is required in a client record, or in a separate or pending file (some type of form which identifies the individual by name, or unique identifier on a daily basis is recommended).				
Appropriate Service Codes				
Medicaid	IPRS	Pioneer	UCR-WM (CTSP)	UCR –TS (MR/MI)
Not Billable	YP690 (Attendance)	690	N/A	690
	YP692 (Coverage Hrs)	692	N/A	692

Emergency Coverage				
Emergency services: Coverage are those costs and activities required maintaining emergency service response capability and coverage within the area program. It could include costs of actual staff time and or premiums paid to staff for being “on call”, costs of beeper, paging systems and 800-line costs as well as costs for contracts with hospital emergency rooms and outside vendors necessary to maintain acceptable emergency response capability within the catchment area. Earnings are based on 1/12 per month of the total annual cost of emergency services coverage based on previous year’s cost finding.				
Therapeutic Relationship and Interventions				
N/A				
Structure of Daily Living				
N/A				
Cognitive and Behavioral Skill Acquisition				
N/A				
Service Type				
This service is not Medicaid billable.				
Resiliency/Environmental Intervention				
N/A				
Service Delivery Setting				
N/A				
Medical Necessity				
N/A				
Service Order Requirement				
N/A				
Continuation/Utilization Review Criteria				
N/A				
Discharge Criteria				
N/A				
Service Maintenance Criteria				
N/A				
Provider Requirement and Supervision				
N/A				
Documentation Requirements				
N/A				
Appropriate Service Codes				
Medicaid	IPRS	Pioneer	UCR-WM (CTSP)	UCR –TS (MR/MI)
Not Billable	YP500	500	N/A	500

Evaluation (Bill as Outpatient Treatment)

Evaluation is an assessment service that provides for an appraisal of an area program service recipient in order to determine the nature of the recipient's problem and his/her need for services. The service may include an assessment of the nature and extent of the recipient's problem(s) through a systematic appraisal of the mental, psychological, physical, behavioral, functional, social, economic, and/or intellectual resources of the recipient. Evaluation is for the purposes of diagnosis and determination of the disability of the recipient, the recipient's level of eligibility, and the most appropriate plan for services

Therapeutic Relationship and Interventions

N/A

Structure of Daily Living

N/A

Cognitive and Behavioral Skill Acquisition

N/A

Service Type

This is a periodic service. This service is Medicaid billable.

Resiliency/Environmental Intervention

N/A

Service Delivery Setting

This service is provided face-to-face in any location, with the capacity for emergency, around-the-clock evaluations.

Medical Necessity

N/A

Service Order Requirement

This service is covered by the agency's standing order policy.

Continuation/Utilization Review Criteria

N/A

Discharge Criteria

N/A

Service Maintenance Criteria

N/A

Provider Requirement and Supervision

This service must be provided by a Qualified Professional or Associate Professional.

Documentation Requirements

Documentation must be maintained as a report in the service record or as a pending file.

Appropriate Service Codes

Medicaid	IPRS	Pioneer	UCR-WM (CTSP)	UCR-TS (MR/MI)
Y2305 90801/90802 92506 961XX 97001/97002 97003/97004	Y2305 90801/90802 92506 961XX 97001/97002 97003/97004	330	110	330

Evaluation

Evaluation services are similar to screenings with the primary difference being that evaluations are for **area program service recipients**. It would be expected that these services would be an ongoing part of a recipient's treatment.

YES	NO
<p>Clinical Evaluations- Psychiatric, Psychological, Intellectual, Psychosocial, Neuropsychological, Forensic, Developmental/Adaptive, OT, PT, Speech, Prevocational/Vocational, Educational, etc.</p> <p>Diagnostic Evaluations</p> <p>Direct contact with the recipient and significant others in the application of test instruments or structured interviews.</p> <p>Determination of Eligibility: CAFAS, NCFAS, GAF, DD, Screening/NC SNAP, AUDIT, DAST-10, ASAM Criteria, etc.</p> <p>Up to two hours of time spent in Facility-Based Crisis Programs when the recipient is not present for overnight treatment (i.e., midnight bed count.)</p>	<p>Requesting information</p> <p>Contacts with other agencies to gather needed information. Staff travel time.</p> <p>Telephone contact with the recipient or collaterals.</p> <p>Time spent writing treatment/ habilitation plans, documenting contracts, evaluation reports, etc.</p> <p>Filling out SALs, timesheets, etc.</p> <p>Time spent scoring test instruments, analyzing results and interpretive sessions by a Psychologist (Masters or Ph.D. level) qualified to do so,</p> <p>Time spent in preparation—reading reports, reviewing literature, synthesizing information, etc.</p>

Family Living – Low Intensity

Family Living—Low Intensity is a residential service which includes room and board and provides "family style" supervision and monitoring of daily activities. Individuals live with a family who act as providers of supportive services. The service providers are supported by the professional staff of the area program or the contract agency with ongoing consultation and education to the service providers in their own homes. The professional staff provide progress reports to the treatment/habilitation team which has responsibility for the development of the treatment/habilitation plan.

GUIDELINES:

- (1) Only costs related directly to the placement (rent, subsidy to the family, etc.) shall be counted in this service cost.
- (2) Services of professionals in training and supervision to the family should be reported as Case Management/Support.
- (3) Clients receiving this service may utilize periodic or day program services from the area program; but, such services should be accounted for and reported separately.
- (4) Traditional models of family living in this type of service category include but are not limited to:
 - a. Alternative Family Living; or
 - b. Host Homes used for temporary, non-crisis placements when appropriate to the definition.
 [As of April 1, 1994 these placements should either be licensed under a "System of Services", as "Supervised Living", or under DSS foster care licensing.]

PAYMENT UNIT: Client day, to be counted in a midnight occupied bed count. Allowance will be made for individual client's Therapeutic Leave in accordance with Funding requirements, and must be documented in the client record.

Therapeutic Relationship and Interventions

There should be a supportive, therapeutic relationship between the provider/caregiver and the client which addresses and/or implements interventions outlined in the service plan. These may include supervision and monitoring of daily activities.

Structure of Daily Living

This service is designed to adhere to the principles of normalization and community integration.

Cognitive and Behavioral Skill Acquisition

This service is intended to assist individuals to prepare to live as independently as possible.

Service Type

This is a 24 hour service. This service is not Medicaid billable.

Resiliency/Environmental Intervention

This service occurs in facilities licensed in accordance with 10 NCAC 14V .5600 unless it is an unlicensed facility serving only one adult consumer.

Service Delivery Setting

This service occurs in facilities licensed in accordance with 10 NCAC 14V .5600 unless it is an unlicensed facility serving only one adult consumer.

Medical Necessity

A. There is an Axis I or II diagnosis present or the person has a condition that may be defined as a developmental disability as defined in G.S. 122C-3 (12a).

AND

B. Level of Care Criteria, NCSNAP/ASAM

AND

<p>C. The recipient is experiencing difficulties in at least one of the following areas:</p> <ol style="list-style-type: none"> 1. functional impairment 2. crisis intervention/diversion/aftercare needs, and/or 3. at risk of placement outside the natural home setting. <p style="text-align: center;">AND</p> <p>D. The recipient's level of functioning has not been restored or improved and may indicate a need for clinical interventions in a natural setting if any of the following apply:</p> <ol style="list-style-type: none"> 1. At risk for out of home placement, hospitalization, and/or institutionalization due to symptoms associated with diagnosis. 2. Presents with intensive verbal, and limited physical aggression due to symptoms associated with diagnosis, which are sufficient to create functional problems in a community setting. 3. At risk of exclusion from services, placement or significant community support systems as a result of functional behavioral problems associated with the diagnosis. 4. Requires a structured setting to foster successful integration into the community through individualized interventions and activities.
Service Order Requirement
N/A
Continuation/Utilization Review Criteria
<p>The desired outcome or level of functioning has not been restored, improved, or sustained over the time frame outlined in the consumer's service plan or the consumer continues to be at risk for relapse based on history or the tenuous nature of the functional gains or any one of the following apply:</p> <ol style="list-style-type: none"> A. Consumer has achieved initial service plan goals and additional goals are indicated. B. Consumer is making satisfactory progress toward meeting goals. C. Consumer is making some progress, but the service plan (specific interventions) need to be modified so that greater gains which are consistent with the consumer's premorbid level of functioning are possible or can be achieved. D. Consumer is not making progress; the service plan must be modified to identify more effective interventions. E. Consumer is regressing; the service plan must be modified to identify more effective interventions.
Discharge Criteria
<p>Consumer's level of functioning has improved with respect to the goals outlined in the service plan, or no longer benefits from this service. The decision should be based on one of the following:</p> <ol style="list-style-type: none"> 1. Consumer has achieved service plan goals, discharge to a lower level of care is indicated. 2. Consumer is not making progress, or is regressing, and all realistic treatment options within this modality have been exhausted.
Service Maintenance Criteria
<p>If the recipient is functioning effectively with this service and discharge would otherwise be indicated, Family Living Low should be maintained when it can be reasonably anticipated that regression is likely to occur if the service is withdrawn. The decision should be based on any one of the following:</p> <ol style="list-style-type: none"> A. Evidence that gains will be lost in the absence of family living low is documented in the service record. <p style="text-align: center;">OR</p> <ol style="list-style-type: none"> B. In the event there are epidemiologically sound expectations that symptoms will persist and that ongoing treatment interventions are needed to sustain functional gains, the presence of a DSM IV diagnosis would necessitate a disability management approach.

**Note: Any denial, reduction, suspension, or termination of service requires notification to the recipient and/or legal guardian about their appeal rights.*

Provider Requirement and Supervision

Licensed providers must meet the specifications of 10 NCAC 14V .5600. Non-licensed facilities must comply with the staffing requirements as cited in 10 NCAC 14V 5602.

Documentation Requirements

This service requires documentation as specified in the Service Records Manual.

Appropriate Service Codes

Medicaid	IPRS	Pioneer	UCR-WM (CTSP)	UCR –TS (MR/MI)
Not Billable	YP740	740	N/A	740

Family Living--Moderate Intensity

Family Living-- Moderate Intensity is a 24-hour service (including room and board) which provides professionally trained parent-substitutes who work intensively with individuals in providing for their basic living, socialization, therapeutic, and skill-learning needs. The parent-substitutes receive substantial training and receive close supervision and support from the area program or its contract agencies.

GUIDELINES:

- (1) Only costs related directly to the placement (rent, subsidy to the family, etc.) shall be counted in this service cost.
- (2) Services of professionals in training or supervision to the family shall be reported as Case Management/Support.
- (3) Clients receiving this service may utilize periodic or day program services from the area program; but, such services should be accounted for and reported separately.
- (4) Traditional models of family living in this type of service category include but are not limited to:
 - a. Therapeutic Home;
 - b. Professional Parenting;
 - c. Specialized Foster Care, when the parents are specifically trained and an additional subsidy (above the DSS payment) is provided to the parents in order to encourage them to care for a disabled child; and
 - d. Host Homes used for temporary, non-crisis placements when appropriate to the definition.

[As of April 1, 1994 these placements should either be licensed under a "System of Services", as "Supervised Living", or under DSS foster care licensing.]

PAYMENT UNIT: Client day, to be counted in a midnight occupied bed count. Allowance will be made for individual client's Therapeutic Leave in accordance with Funding requirements, and must be documented in the client record.

Therapeutic Relationship and Interventions

There should be a supportive, therapeutic relationship between the provider/caregiver and the client which addresses and/or implements interventions outlined in the service plan. These may include working intensively with individuals in providing for their basic living, socialization, therapeutic and skilled learning needs.

Structure of Daily Living

This service is designed to adhere to the principles of normalization and community integration.

Cognitive and Behavioral Skill Acquisition

This service is intended to assist individuals to prepare to live as independently as possible.

Service Type

This is a 24 hour service. This service is not Medicaid billable.

Resiliency/Environmental Intervention

This service focuses on assisting the individuals in becoming connected to naturally occurring support systems and relationships in the community to provide and enhance opportunities for meaningful community participation.

Service Delivery Setting

This service occurs in facilities licensed in accordance with 10 NCAC 14V .5600 unless it is an unlicensed facility serving only one adult consumer.

Medical Necessity
<p>There is an Axis I or II diagnosis present or the person has a condition that may be defined as a developmental disability as defined in GS 122C-3 (12a)</p> <p>A. .</p> <p style="text-align: center;">AND</p> <p>B. Level of Care Criteria, Level /NCSNAP/ASAM</p> <p style="text-align: center;">AND</p> <p>C. The recipient is experiencing difficulties in at least one of the following areas:</p> <ol style="list-style-type: none"> 1. functional impairment 2. crisis intervention/diversion/aftercare needs, and/or 3. at risk of placement outside the natural home setting. <p style="text-align: center;">AND</p> <p>D. The recipient's level of functioning has not been restored or improved and may indicate a need for clinical interventions in a natural setting if any of the following apply:</p> <ol style="list-style-type: none"> 1. At risk for out of home placement, hospitalization, and/or institutionalization due to symptoms associated with diagnosis. 2. Presents with intensive verbal, and limited physical aggression due to symptoms associated with diagnosis, which are sufficient to create functional problems in a community setting. 3. At risk of exclusion from services, placement or significant community support systems as a result of functional behavioral problems associated with the diagnosis. 4. Requires a structured setting to foster successful integration into the community through individualized interventions and activities. <p style="text-align: center;">OR</p> <p>E. The individual's current residential placement meets any one of the following:</p> <ol style="list-style-type: none"> 1. The individual has no residence. 2. Current placement does not provide adequate structure and supervision to ensure safety and participation in treatment. 3. Current placement involves relationships which undermine the stability of treatment. 4. Current placement limits opportunity for recovery, community integration and maximizing personal independence.
Service Order Requirement
N/A
Continuation/Utilization Review Criteria
<p>The desired outcome or level of functioning has not been restored, improved, or sustained over the time frame outlined in the consumer's service plan or the consumer continues to be at risk for relapse based on history or the tenuous nature of the functional gains or any one of the following apply:</p> <p>A). Consumer has achieved initial service plan goals and additional goals are indicated.</p> <p>B). Consumer is making satisfactory progress toward meeting goals.</p> <p>C). Consumer is making some progress, but the service plan (specific interventions) need to be modified so that greater gains which are consistent with the consumer's premorbid level of functioning are possible or can be achieved.</p> <p>D). Consumer is not making progress; the service plan must be modified to identify more effective interventions.</p> <p>E). Consumer is regressing; the service plan must be modified to identify more effective interventions.</p>

Discharge Criteria

Consumer's level of functioning has improved with respect to the goals outlined in the service plan, or no longer benefits from this service. The decision should be based on one of the following:

1. Consumer has achieved service plan goals, discharge to a lower level of care is indicated.
2. Consumer is not making progress, or is regressing, and all realistic treatment options within this modality have been exhausted.

Service Maintenance Criteria

If the recipient is functioning effectively with this service and discharge would otherwise be indicated, family living moderate should be maintained when it can be reasonably anticipated that regression is likely to occur if the service is withdrawn. The decision should be based on any one of the following:

- A. Evidence that gains will be lost in the absence of family living moderate is documented in the service record.

OR

- B. In the event there are epidemiologically sound expectations that symptoms will persist and that ongoing treatment interventions are needed to sustain functional gains, the presence of a DSM IV diagnosis would necessitate a disability management approach.

**Note: Any denial, reduction, suspension, or termination of service requires notification to the recipient and/or legal guardian about their appeal rights.*

Provider Requirement and Supervision

Licensed providers must meet the specifications of 10 NCAC 14V .5600. Non-licensed facilities must comply with the staffing requirements as cited in 10 NCAC 14V 5602.

Documentation Requirements

This service requires documentation as specified in the Service Records Manual.

Appropriate Service Codes

Medicaid	IPRS	Pioneer	UCR-WM CTSP	UCR-TS MR/MI
Not Billable	YP750	750	N/A	750

Financial Supports

Financial Support Services is designed to permit a person or agency to function at the behest of an individual to perform fiscal support functions or accounting consultation services for the individual.

The person or agency performing the support function may render some or all of the following supports:

1. A person or agency providing Financial Support services may assist the individual to employ persons whom the individual chooses to support him/her, and provide remuneration on behalf of the individual;
2. A person or agency providing Financial Support Services may assist the individual in verifying employment status of any persons who the individual prefers to hire to furnish supports and services for him/her;
3. A person or agency providing Financial Support Services may provide periodic financial consultation and management supports for the individual, including investments, payment of monthly obligations and other financial supports;
4. If the functions which the individual or agency is fulfilling for the individual constitutes that of a fiscal intermediary, the person or agency will comply with all regulations—local state or federal—required of persons fulfilling the responsibilities of a Fiscal Intermediary;
5. A person or agency providing Financial Support Services may receive funds on behalf of the individual from funding sources such as the State or Medicaid, and disburse those funds as directed by the individual;
6. The individual receives/maintains monthly account updates from the provider of Financial Supports Services relative to the individual's personal budget.

GUIDELINES

1. Persons/agencies providing Financial Support Services must maintain such credentials and/or bonds as would be generally required of persons providing the service or support to individuals in the general public;
2. Documentation for Financial Support Services is expected to be an event record of activities undertaken in the provision of this support;
3. The Financial Support service is not managed by the area program or service provider.

Therapeutic Relationship and Interventions

There should be a supportive therapeutic relationship between the provider and the client which addresses and/or implements interventions outlined in the service plan.

Structure of Daily Living

This service is focused on the implementation of strategies and activities in the person's service plan that support personal interaction, enhanced social roles and community membership.

Cognitive and Behavioral Skill Acquisition

This service is intended to assist individuals to live as independently as possible.

Service Type

Financial Supports is a periodic service. This service is not Medicaid billable.

Resiliency/Environmental Intervention

This service focuses on assisting individuals in becoming connected to naturally occurring support systems and relationships in the community to provide and enhance opportunities for meaningful community participation.

Service Delivery Setting
This service can be provided in any location.
Medical Necessity
<p>E. There is an Axis I or II diagnosis present. or the person has a condition that may be defined as a developmental disability as defined in GS 122C-3 (12a)</p> <p style="text-align: center;">AND</p> <p>F. Level of Care Criteria, Level NCSNAP/ASAM</p> <p style="text-align: center;">AND</p> <p>G. The recipient is experiencing difficulties in at least one of the following areas:</p> <ol style="list-style-type: none"> 1. functional impairment 2. crisis intervention/diversion/aftercare needs, and/or 3. at risk of placement outside the natural home setting. <p style="text-align: center;">AND</p> <p>H. The recipient's level of functioning has not been restored or improved and may indicate a need for clinical interventions in a natural setting if any of the following apply:</p> <ol style="list-style-type: none"> 1. At risk for out of home placement, hospitalization, and/or institutionalization due to symptoms associated with diagnosis. 2. Presents with intensive verbal, and limited physical aggression due to symptoms associated with diagnosis, which are sufficient to create functional problems in a community setting. 3. At risk of exclusion from services, placement or significant community support systems as a result of functional behavioral problems associated with the diagnosis. 4. Requires a structured setting to foster successful integration into the community through individualized interventions and activities.
Service Order Requirement
N/A
Continuation/Utilization Review Criteria
The client continues to have needs that are met by this service definition.
Discharge Criteria
<p>Consumer's level of functioning has improved with respect to the goals outlined in the service plan, or no longer benefits from this service. The decision should be based on one of the following:</p> <ol style="list-style-type: none"> 3. Consumer has achieved service plan goals, discharge to a lower level of care is indicated. 4. Consumer is not making progress, or is regressing, and all realistic treatment options within this modality have been exhausted.
Service Maintenance Criteria
<p>If the recipient is functioning effectively with this service and discharge would otherwise be indicated, Financial Supports should be maintained when it can be reasonably anticipated that regression is likely to occur if the service is withdrawn. The decision should be based on any one of the following:</p> <p>C. Evidence that gains will be lost in the absence of Financial Supports is documented in the service record.</p> <p style="text-align: center;">OR</p> <p>D. In the event there are epidemiologically sound expectations that symptoms will persist and that ongoing treatment interventions are needed to sustain functional gains, the presence of a DSM IV diagnosis would necessitate a disability management approach.</p>

**Note: Any denial, reduction, suspension, or termination of service requires notification to the recipient and/or legal guardian about their appeal rights.*

Provider Requirement and Supervision

Direct care providers shall meet the competencies and supervision requirements as specified in 10 NCAC 14V .0202 and .0204.

Documentation Requirements

Documentation is required as specified in the Service Records Manual.

Appropriate Service Codes

Medicaid	IPRS	Pioneer	UCR-WM (CTSP)	UCR –TS (MR/MI)
Not Billable	YM600	N/A	N/A	600

Group Living-Low Intensity

Group Living-Low Intensity is care (room & board included) provided in a home-like environment to five or more clients. Supervision and therapeutic intervention are limited to sleeping time, home living skills and leisure time activities. Supervision is provided by one or more trained (but nonprofessional) adults at all times when clients are in the residence, but may be provided by either resident or rotating staff.

GUIDELINES:

- (1) Primary treatment and rehabilitation services are provided off-site and are accounted for and reported where appropriate (i.e., Outpatient Treatment/ Habilitation, Case Management /Support, ADVP).
- (2) Group Living-Low Intensity must be provided in a licensed facility and may include:
 - a. Halfway House Services for Substance Abusers;
 - b. Group Homes for MR/DD Adults or Children;
 - c. Group Homes for Mentally Ill Adults; and
 - d. Therapeutic Camping Programs for ED Children.[As of April 1, 1994 some of these licensure categories are repealed and these facilities, if determined to meet the definition, will be licensed as "Supervised Living".]
- (3) The determining factor, as to whether a particular group living arrangement is to be considered low-moderate-high, is the intensity of the individual treatment/habilitation provided and the integration between day and 24-hour treatment/habilitation programming as defined.

Therapeutic Relationship and Interventions

There should be a supportive, therapeutic relationship between the provider, recipient, and family in the home environment where the primary purpose of the service is care, habilitation, or rehabilitation of the individuals who have a mental illness, developmental disability or a substance abuse disorder, and who require supervision when in the residence.

Structure of Daily Living

Group Living – low intensity provides support and supervision in a home environment to enable the resident to participate in community activities, social interactions in the home, and participate in treatment/habilitation/rehabilitation services.

Cognitive and Behavioral Skill Acquisition

Treatment interventions are provided to ensure that the consumer acquires skills necessary to compensate for or remediate functional problems. Interventions are targeted to functional problems and based on services plan requirements and specific strategies developed during supervision.

Service Type

Group living low is a residential service licensed under NC T10:14 V.5600. Payment unit is client day, to be counted in a midnight occupied bed count. Allowance will be made for individual client's Therapeutic Leave in accordance with Funding requirements, and must be documented in the client record. This service is not Medicaid billable.

Resiliency/Environmental Intervention

This service may provide a transition to a more independent living environment or may provide housing and supports for the long term.

Service Delivery Setting
This service is provided in 24-hour facilities including group homes, alternate family living and host homes.
Medical Necessity
<p>A. There is an Axis I or II diagnosis present or the person has a condition that may be defined as a developmental disability as defined in GS 122C-3 (12a)</p> <p>A.</p> <p style="text-align: center;">AND</p> <p>B. Level of Care Criteria, Level B/NCSNAP/ASAM Level III.1</p> <p style="text-align: center;">AND</p> <p>C. The recipient is experiencing difficulties in at least one of the following areas:</p> <ol style="list-style-type: none"> 1. functional impairment 2. crisis intervention/diversion/aftercare needs, and/or 3. at risk of placement outside the natural home setting. <p style="text-align: center;">AND</p> <p>D. The recipient's level of functioning has not been restored or improved and may indicate a need for clinical interventions in a natural setting if any of the following apply:</p> <ol style="list-style-type: none"> 1. At risk for out of home placement, hospitalization, and/or institutionalization due to symptoms associated with diagnosis. 2. Presents with intensive verbal, and limited physical aggression due to symptoms associated with diagnosis, which are sufficient to create functional problems in a community setting. 3. At risk of exclusion from services, placement or significant community support systems as a result of functional behavioral problems associated with the diagnosis. 4. Requires a structured setting to foster successful integration into the community through individualized interventions and activities. <p style="text-align: center;">OR</p> <p>E. The individual's current residential placement meets any one of the following:</p> <ol style="list-style-type: none"> 1. The individual has no residence. 2. Current placement does not provide adequate structure and supervision to ensure safety and participation in treatment. 3. Current placement 4. involves relationships which undermine the stability of treatment. 5. Current placement limits opportunity for recovery, community integration and maximizing personal independence.
Service Order Requirement
N/A
Continuation/Utilization Review Criteria
<p>The desired outcome or level of functioning has not been restored, improved, or sustained over the time frame outlined in the consumer's service plan or the consumer continues to be at risk for relapse based on history or the tenuous nature of the functional gains or any one of the following apply:</p> <ol style="list-style-type: none"> A. Consumer has achieved initial service plan goals and additional goals are indicated. B. Consumer is making satisfactory progress toward meeting goals. C. Consumer is making some progress, but the service plan (specific interventions) need to be modified so that greater gains which are consistent with the consumer's premorbid level of functioning are possible or can be achieved. D. Consumer is not making progress; the service plan must be modified to identify more effective interventions. E. Consumer is regressing; the service plan must be modified to identify more effective interventions.

Discharge Criteria				
<p>Consumer's level of functioning has improved with respect to the goals outlined in the service plan, or no longer benefits from this service. The decision should be based on one of the following:</p> <ol style="list-style-type: none"> 1. Consumer has achieved service plan goals, discharge to a lower level of care is indicated. 2. Consumer is not making progress, or is regressing, and all realistic treatment options within this modality have been exhausted. 				
Service Maintenance Criteria				
<p>If the recipient is functioning effectively with this service and discharge would otherwise be indicated, Group Living Low should be maintained when it can be reasonably anticipated that regression is likely to occur if the service is withdrawn. The decision should be based on any one of the following:</p> <ol style="list-style-type: none"> A. Evidence that gains will be lost in the absence of group living low is documented in the service record. <p style="text-align: center;">OR</p> <ol style="list-style-type: none"> B. In the event there are epidemiologically sound expectations that symptoms will persist and that ongoing treatment interventions are needed to sustain functional gains, the presence of a DSM IV diagnosis would necessitate a disability management approach. <p><i>*Note: Any denial, reduction, suspension, or termination of service requires notification to the recipient and/or legal guardian about their appeal rights.</i></p>				
Provider Requirement and Supervision				
<p>Group Living- Low Intensity must be provided in a licensed facility and may include:</p> <ol style="list-style-type: none"> a. Halfway House Services for Substance Abusers; b. Group Homes for MR/DD Adults or Children; c. Group Homes for Mentally Ill Adults; and d. Therapeutic Camping Programs for ED Children. <p>[As of April 1, 1994 some of these licensure categories are repealed and these facilities, if determined to meet the definition, will be licensed as "Supervised Living".]</p>				
Documentation Requirements				
This service requires documentation as specified in the Service Records Manual.				
Appropriate Service Codes				
Medicaid	IPRS	Pioneer	UCR-WM (CTSP)	UCR-TS (MR/MI)
Not Billable	YP760	760	N/A	760

Group Living-Moderate Intensity

Group Living-Moderate Intensity is a 24-Hour service that includes a greater degree of supervision and therapeutic intervention for the residents because of the degree of their dependence or the severity of their disability. The care (including room and board), that is provided, includes individualized therapeutic or rehabilitative programming designed to supplement day treatment services which are provided in another setting. This level of group living is often provided because the client's removal from his/her regular living arrangement is necessary in order to facilitate treatment.

GUIDELINES:

- (1) Day services received by individuals in residence are usually provided in another location and are to be reported according to the specific service received (i.e., ADVP, Developmental Day, Psychosocial Rehabilitation).
- (2) Group Living-Moderate Intensity must be provided in a licensed facility and may include:
 - a. Residential Treatment for Children and Adolescents;
 - b. Group Homes for MR/DD/Behavioral Disturbed;
 - c. Therapeutic Residential Camping Programs; and
 - d. Specialized Community Residential Centers for Individuals with MR or DD (including some ICF/MR facilities).

[As of April 1, 1994 some of these licensure categories are repealed and these facilities, if determined to meet the definition, will be licensed as "Supervised Living".]
- (3) The determining factor, as to whether a particular group living arrangement is to be considered low-moderate-high, is the intensity of the individual treatment/habilitation provided and the integration between day and 24-hour treatment/habilitation programming as defined.
- (4) Documentation in the client record is required.

Therapeutic Relationship and Interventions

There should be a supportive, therapeutic relationship between the provider, recipient, and family in the home environment where the primary purpose of the service is care, habilitation, or rehabilitation of the individuals who have a mental illness, developmental disability or a substance abuse disorder, and who require supervision when in the residence.

Structure of Daily Living

Group Living – Moderate Intensity provides support and supervision in a home environment to enable the resident to participate in community activities, social interactions in the home, and participate in treatment/habilitation/rehabilitation services.

Cognitive and Behavioral Skill Acquisition

Treatment interventions are provided to ensure that the consumer acquires skills necessary to compensate for or remediate functional problems. Interventions are targeted to functional problems and based on services plan requirements and specific strategies developed during supervision.

Service Type

Group Living - Moderate Intensity is a residential service licensed under NC T10:14 V.5600. Payment unit is client day, to be counted in a midnight occupied bed count. Allowance will be made for individual client's Therapeutic Leave in accordance with Funding requirements, and must be documented in the client record. This service is not Medicaid billable.

Resiliency/Environmental Intervention
This service may provide a transition to a more independent living environment or may provide housing and supports for the long term.
Service Delivery Setting
This service is provided in 24-hour facilities including group homes, alternate family living and host homes.
Medical Necessity
<p>A. .There is an Axis I or II diagnosis or the person has a condition that may be defined as a developmental disability as defined in GS 122C-3(12a)</p> <p style="text-align: center;">AND</p> <p>B. Level of Care Criteria, Level B/NCSNAP/ASAM Level III.5</p> <p style="text-align: center;">AND</p> <p>C. The recipient is experiencing difficulties in at least one of the following areas:</p> <ol style="list-style-type: none"> 1. functional impairment 2. crisis intervention/diversion/aftercare needs, and/or 3. at risk of placement outside the natural home setting. <p style="text-align: center;">AND</p> <p>D. The recipient's level of functioning has not been restored or improved and may indicate a need for clinical interventions in a natural setting if any of the following apply:</p> <ol style="list-style-type: none"> 1. At risk for out of home placement, hospitalization, and/or institutionalization due to symptoms associated with diagnosis. 2. Presents with intensive verbal, and limited physical aggression due to symptoms associated with diagnosis, which are sufficient to create functional problems in a community setting. 3. At risk of exclusion from services, placement or significant community support systems as a result of functional behavioral problems associated with the diagnosis. 4. Requires a structured setting to foster successful integration into the community through individualized interventions and activities. <p style="text-align: center;">OR</p> <p>E. The individual's current residential placement meets any one of the following:</p> <ol style="list-style-type: none"> 1. The individual has no residence. 2. Current placement does not provide adequate structure and supervision to ensure safety and participation in treatment. 3. Current placement 4. involves relationships which undermine the stability of treatment. 5. Current placement limits opportunity for recovery, community integration and maximizing personal independence.
Service Order Requirement
N/A
Continuation/Utilization Review Criteria
<p>The desired outcome or level of functioning has not been restored, improved, or sustained over the time frame outlined in the consumer's service plan or the consumer continues to be at risk for relapse based on history or the tenuous nature of the functional gains or any one of the following apply:</p> <p>A. Consumer has achieved initial service plan goals and additional goals are indicated.</p> <p>B. Consumer is making satisfactory progress toward meeting goals.</p> <p>C. Consumer is making some progress, but the service plan (specific interventions) need to be modified so that greater gains which are consistent with the consumer's premorbid level of functioning are</p>

possible or can be achieved.

D. Consumer is not making progress; the service plan must be modified to identify more effective interventions.

E. Consumer is regressing; the service plan must be modified to identify more effective interventions.

Discharge Criteria

Consumer's level of functioning has improved with respect to the goals outlined in the service plan, or no longer benefits from this service. The decision should be based on one of the following:

1. Consumer has achieved service plan goals, discharge to a lower level of care is indicated.
2. Consumer is not making progress, or is regressing, and all realistic treatment options within this modality have been exhausted.

Service Maintenance Criteria

If the recipient is functioning effectively with this service and discharge would otherwise be indicated, the service should be maintained when it can be reasonably anticipated that regression is likely to occur if the service is withdrawn. The decision should be based on any one of the following:

A. Evidence that gains will be lost in the absence of group living moderate is documented in the service record.

OR

B. In the event there are epidemiologically sound expectations that symptoms will persist and that ongoing treatment interventions are needed to sustain functional gains, the presence of a DSM IV diagnosis would necessitate a disability management approach.

**Note: Any denial, reduction, suspension, or termination of service requires notification to the recipient and/or legal guardian about their appeal rights.*

Provider Requirement and Supervision

Group Living- Moderate Intensity must be provided in a licensed facility and may include:

- a. Halfway House Services for Substance Abusers;
- b. Group Homes for MR/DD Adults or Children;
- c. Group Homes for Mentally Ill Adults; and
- d. Therapeutic Camping Programs for ED Children.

[As of April 1, 1994 some of these licensure categories are repealed and these facilities, if determined to meet the definition, will be licensed as "Supervised Living".]

Documentation Requirements

This service requires documentation as specified in the Service Records Manual.

Appropriate Service Codes

Medicaid	IPRS	Pioneer	UCR-WM (CTSP)	UCR-TS (MR/MI)
Not Billable	YP770	770	N/A	770

Group Living-High Intensity

Group Living-High Intensity is a 24-Hour service (including room and board) that includes a significant amount of individualized therapeutic or rehabilitative programming as a part of the residential placement. The clients can receive day treatment services either on-site or off-site; but, the day and residential programming is highly integrated. The clients who receive this level of 24-Hour care are significantly disabled and dependent and would need to be served in an institutional setting. Staff are trained and receive regular professional support and supervision.

GUIDELINES:

- (1) The costs related to day programming are often a part of the day rate for this service. If the day service is costed and reported separately, Group Living-Moderate Intensity should be considered as an alternative for this type of service.
- (2) Group Living-High Intensity must be provided in a licensed facility and may include:
 - a. Residential Treatment Centers for Children and Adolescents;
 - b. Residential Treatment for Alcohol, Drug or Substance Abuse; and
 - c. Specialized Community Residential Centers for Individuals with MR or DD (including some ICF/MR facilities).
- (3) The determining factor, as to whether a particular group living arrangement is to be considered low-moderate-high, is the intensity of the individual treatment/habilitation provided and the integration between day and 24-hour treatment/habilitation programming as defined.

Therapeutic Relationship and Interventions

There should be a supportive, therapeutic relationship between the provider, recipient, and family in the home environment where the primary purpose of the service is care, habilitation, or rehabilitation of the individuals who have a mental illness, developmental disability or a substance abuse disorder, and who require supervision when in the residence.

Structure of Daily Living

Group Living - High intensity provides support and supervision in a home environment to enable the resident to participate in community activities, social interactions in the home, and participate in treatment/habilitation/rehabilitation services.

Cognitive and Behavioral Skill Acquisition

Treatment interventions are provided to ensure that the consumer acquires skills necessary to compensate for or remediate functional problems. Interventions are targeted to functional problems and based on services plan requirements and specific strategies developed during supervision.

Service Type

Group living high is a residential service licensed under NC T10:14 V.5600, except for those facilities that provide Substance Abuse Services which are licensed under NC T10:14 V.3401. Payment unit is client day, to be counted in a midnight occupied bed count. Allowance will be made for individual client's Therapeutic Leave in accordance with Funding requirements, and must be documented in the client record. This service is not Medicaid billable.

Resiliency/Environmental Intervention

This service may provide a transition to a more independent living environment or may provide housing and supports for the long term.

Service Delivery Setting
Services provided in 24-hour facilities including group homes, alternate family living and host homes.
Medical Necessity
<p>A. .There is an Axis I or II diagnosis present or the person has a condition that may be defined as a developmental disability as defined in GS 122C-3 (12a</p> <p>AND</p> <p>B. Level of Care Criteria, Level B/NCSNAP/ASAM Level III.7</p> <p>AND</p> <p>C. The recipient is experiencing difficulties in at least one of the following areas:</p> <ol style="list-style-type: none"> 1. functional impairment 2. crisis intervention/diversion/aftercare needs, and/or 3. at risk of placement outside the natural home setting. <p>AND</p> <p>D. The recipient's level of functioning has not been restored or improved and may indicate a need for clinical interventions in a natural setting if any of the following apply:</p> <ol style="list-style-type: none"> 1. At risk for out of home placement, hospitalization, and/or institutionalization due to symptoms associated with diagnosis. 2. Presents with intensive verbal, and limited physical aggression due to symptoms associated with diagnosis, which are sufficient to create functional problems in a community setting. 3. At risk of exclusion from services, placement or significant community support systems as a result of functional behavioral problems associated with the diagnosis. 4. Requires a structured setting to foster successful integration into the community through individualized interventions and activities. <p>OR</p> <p>E. The individual's current residential placement meets any one of the following:</p> <ol style="list-style-type: none"> 1. The individual has no residence. 2. Current placement does not provide adequate structure and supervision to ensure safety and participation in treatment. 3. Current placement 4. involves relationships which undermine the stability of treatment. 5. Current placement limits opportunity for recovery, community integration and maximizing personal independence.
Service Order Requirement
N/A
Continuation/Utilization Review Criteria
<p>The desired outcome or level of functioning has not been restored, improved, or sustained over the time frame outlined in the consumer's service plan or the consumer continues to be at risk for relapse based on history or the tenuous nature of the functional gains or any one of the following apply:</p> <p>A. Consumer has achieved initial service plan goals and additional goals are indicated.</p> <p>B. Consumer is making satisfactory progress toward meeting goals.</p> <p>C. Consumer is making some progress, but the service plan (specific interventions) need to be modified so that greater gains which are consistent with the consumer's premorbid level of functioning are possible or can be achieved.</p> <p>D. Consumer is not making progress; the service plan must be modified to identify more effective interventions.</p>

E. Consumer is regressing; the service plan must be modified to identify more effective interventions.

Discharge Criteria

Consumer's level of functioning has improved with respect to the goals outlined in the service plan, or no longer benefits from this service. The decision should be based on one of the following:

1. Consumer has achieved service plan goals, discharge to a lower level of care is indicated.
2. Consumer is not making progress, or is regressing, and all realistic treatment options within this modality have been exhausted.

Service Maintenance Criteria

If the recipient is functioning effectively with this service and discharge would otherwise be indicated, Group Living High should be maintained when it can be reasonably anticipated that regression is likely to occur if the service is withdrawn. The decision should be based on any one of the following:

- B. Evidence that gains will be lost in the absence of group living high is documented in the service record.

OR

- B. In the event there are epidemiologically sound expectations that symptoms will persist and that ongoing treatment interventions are needed to sustain functional gains, the presence of a DSM IV diagnosis would necessitate a disability management approach.

**Note: Any denial, reduction, suspension, or termination of service requires notification to the recipient and/or legal guardian about their appeal rights.*

Provider Requirement and Supervision

Group Living- Low Intensity must be provided in a licensed facility and may include:

- a. Halfway House Services for Substance Abusers;
- b. Group Homes for MR/DD Adults or Children;
- c. Group Homes for Mentally Ill Adults; and
- d. Therapeutic Camping Programs for ED Children.

[As of April 1, 1994 some of these licensure categories are repealed and these facilities, if determined to meet the definition, will be licensed as "Supervised Living".]

Documentation Requirements

This service requires documentation as specified in the Service Records Manual.

Appropriate Service Codes

Medicaid	IPRS	Pioneer	UCR-WM (CTSP)	UCR-TS (MR/MI)
Not Billable	YP780	780	N/A	780

Guardianship
A legal guardian is a person appointed by court to be responsible for certain aspects of care and management, and only those aspects, where the person is incapable of making decisions for him or herself. The guardian is expected to make decisions based on what the individual would choose if he (she) were able to do so. This service is not to be used to pay family members or natural supports in providing guardianship. This service is to be used as a last resort, only when natural supports can not be obtained, and when guardianship is absolutely necessary to preserve the health and safety of the person to be supported. Whether or not there is a continued need for guardianship should be re-evaluated at least annually. The service should be in compliance with the state guardian statute (N.C.G.S.35A)."
Therapeutic Relationship and Interventions
There should be a supportive therapeutic relationship between the guardian and the client.
Structure of Daily Living
N/A
Cognitive and Behavioral Skill Acquisition
This service is intended to help individuals to live as independently as possible.
Service Type
Guardianship is a monthly service. This service is only available to individuals funded by MRMI services and/or who have an existing guardianship arrangement with Arc Life Guardianship. This service is not Medicaid billable.
Resiliency/Environmental Intervention
This service focuses on assisting individuals in becoming connected to naturally occurring support systems and relationships in the community to provide enhanced opportunities for meaningful community participation.
Service Delivery Setting
This service can be provided in any location.
Medical Necessity
There is an Axis I or Axis II diagnosis present or the person has a condition that may be defined as a developmental disability as defined in G.S. 122C-3(12a) AND NCSNAP AND This service is to be used as a last resort, only when natural supports can not be obtained, and when guardianship is absolutely necessary to preserve the health and safety of the person to be supported.
Service Order Requirement
N/A
Continuation/Utilization Review Criteria
Whether or not there is a continued need for guardianship should be re-evaluated at least annually.
Discharge Criteria
Identification of appropriate natural support in the family or community or court reinstatement of the individual's rights.
Service Maintenance Criteria
Decision to maintain guardianship should be reviewed annually by the individual in conjunction with the treatment team.

Provider Requirement and Supervision				
The provider possesses the competencies necessary to fulfill the responsibilities of their role as guardian and is employed by the Arc Life Guardianship program.				
Documentation Requirements				
Documentation is required as specified in the service records manual.				
Appropriate Service Codes				
Medicaid	IPRS	Pioneer	UCR-WM CTSP	UCR-TS MR/MI
Not Billable	YM686	N/A	N/A	686

Independent Living
<p>Independent Living is designed as a service code to accommodate billing for the room and board portion of a client's service plan. Persons living in residential settings supported by independent living may or may not need other periodic supports, but any periodic supports which persons who reside in independent living arrangements may need must be billed separately.</p> <p>GUIDELINES:</p> <ol style="list-style-type: none"> 1. Independent Living should be applied only when some (or all) of the rent subsidy of the client, or other operating expenses of the household, is paid for out of the area program operating budget. 2. Revenue adjustment does not apply to this service. 3. Supervision of individuals living Independently without area program subsidy should be reported as the specific type of service provided, e.g., Community Based Services, Evaluation, Outpatient Treatment/Habilitation as defined, etc. 4. Training, counseling, and various levels of supervision are provided as needed and should be reported separately. 5. Preparation, documentation and staff travel time are NOT to be reported. 6. Documentation in the client record for this service will be reflected in case management notes. 7. In all cases, a service should be reported as it is licensed/certified.
Therapeutic Relationship and Interventions
<p>There should be a supportive therapeutic relationship between the provider and the client which addresses and/or implements interventions outlined in the service plan.</p>
Structure of Daily Living
<p>This service is focused on the implementation of strategies and activities in the person's service plan that support personal interaction, enhanced social roles and community membership.</p>
Cognitive and Behavioral Skill Acquisition
<p>This service is intended to assist individuals to live as independently as possible.</p>
Service Type
<p>Independent living is a monthly service. This service is not Medicaid billable.</p>
Resiliency/Environmental Intervention
<p>This service focuses on assisting individuals in becoming connected to naturally occurring support systems and relationships in the community to provide and enhance opportunities for meaningful community participation.</p>
Service Delivery Setting
<p>This service can be provided in any location.</p>
Medical Necessity
<p>A. There is an Axis I or II diagnosis present. OR the person has a condition that may be defined as a developmental disability as defined in GS 122C-3 (12a)</p>

<p style="text-align: center;">AND</p> <p>B. Level of Care Criteria, Level NCSNAP/ASAM</p> <p style="text-align: center;">AND</p> <p>C. The recipient is experiencing difficulties in at least one of the following areas:</p> <ol style="list-style-type: none"> 1. Functional impairment 2. Crisis intervention/diversion/aftercare needs, and/or 3. at risk of placement outside the natural home setting. <p style="text-align: center;">AND</p> <p>D. The recipient's level of functioning has not been restored or improved and may indicate a need for clinical interventions in a natural setting if any of the following apply:</p> <ol style="list-style-type: none"> 1. At risk for out of home placement, hospitalization, and/or institutionalization due to symptoms associated with diagnosis. 2. Presents with intensive verbal, and limited physical aggression due to symptoms associated with diagnosis, which are sufficient to create functional problems in a community setting. 3. At risk of exclusion from services, placement or significant community support systems as a result of functional behavioral problems associated with the diagnosis. 4. Requires a structured setting to foster successful integration into the community through individualized interventions and activities.
Service Order Requirement
N/A
Continuation/Utilization Review Criteria
The client continues to have needs that are met by this service definition.
Discharge Criteria
<p>Consumer's level of functioning has improved with respect to the goals outlined in the service plan, or no longer benefits from this service. The decision should be based on one of the following:</p> <ol style="list-style-type: none"> 1. Consumer has achieved service plan goals, discharge to a lower level of care is indicated. 2. Consumer is not making progress, or is regressing, and all realistic treatment options within this modality have been exhausted.
Service Maintenance Criteria
<p>If the recipient is functioning effectively with this service and discharge would otherwise be indicated, Independent Living should be maintained when it can be reasonably anticipated that regression is likely to occur if the service is withdrawn. The decision should be based on any one of the following:</p> <ol style="list-style-type: none"> 1. Evidence that gains will be lost in the absence of Independent Living is documented in the service record. <p style="text-align: center;">OR</p> <ol style="list-style-type: none"> 2. In the event there are epidemiologically sound expectations that symptoms will persist and that ongoing treatment interventions are needed to sustain functional gains, the presence of a DSM IV diagnosis would necessitate a disability management approach. <p><i>*Note: Any denial, reduction, suspension, or termination of service requires notification to the recipient and/or legal guardian about their appeal rights.</i></p>
Provider Requirement and Supervision
Direct care providers shall meet the competencies and supervision requirements as specified in 10

NCAC 14V .0202 and .0204.

Documentation Requirements

Documentation is required as specified in the Service Records Manual.

Appropriate Service Codes

Medicaid	IPRS	Pioneer	UCR-WM (CTSP)	UCR –TS (MR/MI)
Not Billable	YM700	N/A	N/A	700

Individual Supports

Individual Supports is a service that enables a limited amount of funding to be used by an individual with maximum personal control and flexibility. It is based on research and experience which indicates that when a person and his/her circle of supports are provided with flexible funding over which they exercise primary control, they use that funding in ways that best meet their needs, not necessarily on the traditional services more normally chosen by an interdisciplinary team. With limited funds they are able to make adjustments in their lives which reduce or eliminate their dependence on traditional facility-based programs.

In order to qualify for utilization of Individual Supports, the following components of the service planning and implementation process must be in place:

1. A person-centered plan and a personal budget to support that plan are created by the individual and those friends, family and persons who know and care about the individual;
2. The individual maintains control of the expenditure of the funds;
3. The individual maintains monthly updates over the expenditures through the personal budget;
4. The personal budget is not managed by the primary service provider;
5. The utilization of Individual Supports result in a documentable increase in the degree to which the individual exercises choice and control over his/her life.

GUIDELINES

1. Any savings over previous costs associated with the individual's supports and services are utilized for services and supports for others waiting for services and supports.
2. Documentation for Individual Supports is expected to be a monthly record of supports received or acquired for the month.
3. In keeping with the emphasis on the provision of a limited amount of money while maximizing participant control and flexibility, the monthly rate for this support is set at \$1,000. This monthly reimbursement creates a flexible pot of money at the area program. The exact amount apportioned to each individual is based upon needs and preferences identified in a personal budget.
4. This service is generally provided alone or in conjunction with non-residential services and supports, except it may be provided in conjunction with Residential Living.

Therapeutic Relationship and Interventions

There should be a supportive therapeutic relationship between the provider and the client which addresses and/or implements interventions outlined in the service plan.

Structure of Daily Living

This service is focused on the implementation of strategies and activities in the person's service plan that support personal interaction, enhanced social roles and community membership.

Cognitive and Behavioral Skill Acquisition

This service is intended to assist individuals to live as independently as possible.

Service Type

Individual Supports is a monthly service. This service is not Medicaid billable.

Resiliency/Environmental Intervention

This service focuses on assisting individuals in becoming connected to naturally occurring support systems and relationships in the community to provide and enhance opportunities for meaningful

community participation.
Service Delivery Setting
This service can be provided in any location.
Medical Necessity
<p>I. There is an Axis I or II diagnosis present. OR the person has a condition that may be defined as a developmental disability as defined in GS 122C-3 (12a)</p> <p style="text-align: center;">AND</p> <p>J. Level of Care Criteria, Level NCSNAP/ASAM</p> <p style="text-align: center;">AND</p> <p>K. The recipient is experiencing difficulties in at least one of the following areas:</p> <ol style="list-style-type: none"> 4. functional impairment 5. crisis intervention/diversion/aftercare needs, and/or 6. at risk of placement outside the natural home setting. <p style="text-align: center;">AND</p> <p>L. The recipient's level of functioning has not been restored or improved and may indicate a need for clinical interventions in a natural setting if any of the following apply:</p> <ol style="list-style-type: none"> 5. At risk for out of home placement, hospitalization, and/or institutionalization due to symptoms associated with diagnosis. 6. Presents with intensive verbal, and limited physical aggression due to symptoms associated with diagnosis, which are sufficient to create functional problems in a community setting. 7. At risk of exclusion from services, placement or significant community support systems as a result of functional behavioral problems associated with the diagnosis. 8. Requires a structured setting to foster successful integration into the community through individualized interventions and activities.
Service Order Requirement
N/A
Continuation/Utilization Review Criteria
The client continues to have needs that are met by this service definition.
Discharge Criteria
<p>Consumer's level of functioning has improved with respect to the goals outlined in the service plan, or no longer benefits from this service. The decision should be based on one of the following:</p> <ol style="list-style-type: none"> 1. Consumer has achieved service plan goals, discharge to a lower level of care is indicated. 2. Consumer is not making progress, or is regressing, and all realistic treatment options within this modality have been exhausted.
Service Maintenance Criteria
<p>If the recipient is functioning effectively with this service and discharge would otherwise be indicated, personal assistance should be maintained when it can be reasonably anticipated that regression is likely to occur if the service is withdrawn. The decision should be based on any one of the following:</p> <p>A. Evidence that gains will be lost in the absence of personal assistance is documented in the service record.</p> <p style="text-align: center;">OR</p> <p>B. In the event there are epidemiologically sound expectations that symptoms will persist and that ongoing treatment interventions are needed to sustain functional gains, the presence of a DSM IV diagnosis would necessitate a disability management approach.</p>

**Note: Any denial, reduction, suspension, or termination of service requires notification to the recipient and/or legal guardian about their appeal rights.*

Provider Requirement and Supervision

Direct care providers shall meet the competencies and supervision requirements as specified in 10 NCAC 14V .0202 and .0204.

Documentation Requirements

Documentation is required as specified in the Service Records Manual.

Appropriate Service Codes

Medicaid	IPRS	Pioneer	UCR-WM (CTSP)	UCR –TS (MR/MI)
Not Billable	YM716	N/A	N/A	716

Inpatient Hospital

Inpatient Hospital is a 24-Hour service which provides intensive treatment in a hospital setting. Supportive nursing and medical care are provided under the supervision of a psychiatrist or physician. This service is designed to provide continuous treatment for individuals with acute psychiatric or substance abuse problems.

Therapeutic Relationship and Interventions

This service is designed to offer medical, psychiatric, substance abuse and therapeutic interventions including such treatment modalities as medication management, psychotherapy, group therapy, , recreation therapy and milieu treatment; medical care and treatment as needed; supportive services, including education; room and board. These services are reimbursed at a per diem rate based on occupancy on the inpatient unit during midnight bed count. Physician and other professional time not included in the daily rate is billed separately. Educational services are not billable to Medicaid, but must be provided according to state and federal educational requirements.

Structure of Daily Living

This service focuses on reducing acute psychiatric and substance abuse symptoms through face-to-face, structured group and individual treatment in a 24-hour setting. This service is also designed for the treatment of substance abuse disorders to provide medically managed intensive inpatient treatment and/or detoxification services to assist in stabilizing the bio medical conditions and/or the emotional, behavioral or cognitive conditions and complications which precipitated the need for the service and for managing the identified crisis or acute situations on the service plan.

Cognitive and Behavioral Skill Acquisition

This service is primarily crisis-oriented, focusing on treatment to reduce the acuity of the psychiatric or substance abuse symptoms.

Service Type

Inpatient hospitalization is a 24-hour service. This service is Medicaid billable for recipients under age 21 as defined in 42 CFR Chapter IV § 441.151 and for recipients over age 65 as defined in the Social Security Act 1905 (a) and (h) and 1861 (f) in a psychiatric hospital or in a psychiatric unit of a hospital and to recipients ages 21-64 receiving treatment in a psychiatric unit of a general hospital provided the preadmission criteria and continued stay criteria outlined in 10 NCAC 26B.0112-.0113 are met.

Resiliency/Environmental Intervention

This service is the most restrictive setting and is only to be used when clinical needs exceed the ability of community treatment to manage the acute psychiatric or substance abuse issues.

Service Delivery Setting

This service is provided in a licensed 24-hour inpatient setting. This service may be provided at a psychiatric hospital or on an inpatient psychiatric unit within a licensed hospital, at a specialty hospital, or in a licensed general hospital in either private facilities or state facilities licensed as inpatient psychiatric or substance abuse hospital beds. Per 42 CFR Chapter IV § 441.151, a psychiatric hospital or an inpatient program in a hospital must be accredited by JCAHO and a psychiatric facility that is not a hospital must be accredited by JCAHO, CARF, COA, or an accrediting organization recognized by the State.

Medical Necessity

The medical necessity criteria for admission to a psychiatric hospital or to a psychiatric unit of a general hospital are outlined in 10 NCAC 26B.0112. In general, these criteria require that:

- A. The individual must have a DSM-IV psychiatric condition.
- OR,**
- B. The individual must have an Axis I Substance Abuse diagnosis,
- AND,**
- C. Meet ASAM (American Society of Addiction Medicine) criteria for Level IV placement.
- AND,**
- D. The individual is experiencing at least one of the following:
 - 1. Making direct threats or there is a clear and reasonable inference of serious harm to self where suicidal precautions or observations on a 24-hour basis or intermittent restraints/seclusion are required.
 - 2. Actively violent, unpredictable, aggressive, disruptive or uncontrollable behavior which represents potential for serious harm to person or property of others or there is evidence for a clear and reasonable inference of serious harm to others which requires intensive psychiatric and nursing interventions on a 24-hour basis.
 - 3. Acute onset of psychosis or severe thought disorder or clinical deterioration in condition due to chronic psychosis rendering the individual unable to adequately care for own physical needs, representing potential for serious harm to self, requiring intensive psychiatric and nursing interventions on a 24-hour basis.
 - 4. Presence of medication needs, or a medical process or condition which is life-threatening (e.g., toxic drug level) which requires an acute care setting for treatment.
 - 5. Requires complex diagnostic assessment or treatment which is not available or is unsafe on an outpatient basis.
- AND,**
- E. As a prerequisite for inpatient hospitalization, all of the following apply:
 - 1. Outpatient services in the community do not meet the treatment needs of the individual.
 - 2. Proper treatment of the individual's psychiatric or substance abuse condition requires services on an inpatient basis under the direction of a physician.
 - 3. The services can reasonably be expected to improve the individual's condition or prevent further regression so that services will no longer be needed.

Service Order Requirement

Service orders must be completed by a physician prior to or on the day services are to be provided. The admitting hospital is responsible for obtaining certification of need (CON) for inpatient hospitalization for persons under age 21 in accordance with Subpart D of 42 CFR § 441.152. The certification of need must be made by an independent team. The CON cannot be retroactive.

Continuation/Utilization Review Criteria

The criteria for continued stay in an acute inpatient psychiatric facility are outlined in 10 NCAC 26B.0113 as summarized below:

The desired outcome or level of functioning has not been restored, improved, or sustained over the time frame outlined in the consumer's treatment plan and the consumer continues to be at risk of harming self or others as evidence by direct threats or clear and reasonable inference of serious harm to self; violent, unpredictable or uncontrollable behavior which represents potential for serious harm to the person or property of others; demonstrating inability to adequately care own physical needs; or requires treatment

which is not available or are unsafe on an outpatient basis. The individual's condition must require psychiatric and nursing interventions on a 24 hour basis.

AND,

For Substance Abuse ASAM Length of Service/Continued Service and Discharge Criteria for Level IV and Level IV-D applies as indicated.

NC Medicaid criteria for continued acute stay in an inpatient psychiatric facility are outlined in 10 NCAC 26B.0113. These criteria apply to recipients under the age of 21 in a psychiatric hospital or in a psychiatric unit on a general hospital and to individuals ages 21-64 receiving treatment in a psychiatric unit of a general hospital. Pre-admission UR is required as well as concurrent review by the Medicaid contractor.

Discharge Criteria

Discharge occurs when the individual no longer meets the medical necessity/utilization review criteria.

Service Maintenance Criteria

Consumer requires this level of care to stabilize illness or condition.

Provider Requirement and Supervision

Staffing for the inpatient unit must comply with NC T10:14V.6002 and must include at a minimum a director, medical director, psychologist, psychiatric social worker, psychiatric nurse, physician on-site or on-call 24 hours a day, and a qualified mental health professional readily available by telephone or page. Additionally, if the facility is a substance abuse facility, one full-time certified alcoholism, drug abuse or substance abuse counselor is required for every ten or fewer clients.

Documentation Requirements

Documentation in the client record is required per Service Records Manual.

Appropriate Service Codes

Medicaid	IPRS	Pioneer	UCR-WM (CTSP)	UCR-TS (MR/MI)
UB-92 Billing	YP820	820	250	820

Long-Term Vocational Support Services (Extended Services)

Long Term Vocational Support Services (Extended Services) begins after the intensive phase of job coaching funded through the Division of Vocational Rehabilitation ends. Long Term Vocational Support includes services provided to or on behalf of the individual both on and off the job site to ensure ongoing employment success and career growth. The individual participates in choosing the type of Long Term Vocational Support Services, the manner of its delivery, and the people who will provide it, both on and off the job site. The individual has the right to decline this service at any time; however, this must be thoroughly documented in the service record.

GUIDELINES:

- (1) The individual controls long term vocational support through decision-making based on informed choice, either through the Individualized Plan for Employment (IPE) or other accepted annual planning procedures.
- (2) Activities must include, at a minimum, twice-monthly monitoring at the work site of each individual in supported employment to assess employment stability. Under special circumstances, especially at the request of the individual, the IPE may provide for off-site monitoring and/or a reduced amount of monitoring. If off-site monitoring is determined to be appropriate, in most circumstances it must at a minimum consist of two meetings with the individual and one contact with the employer each month, unless otherwise specified within the IPE.
- (3) Staff Travel Time to be reported separately.
- (4) Preparation/documentation time is NOT reported.

Therapeutic Relationship and Interventions

There should be a supportive relationship between the provider and the recipient through which a variety of services may be implemented according to the employment needs of the individual as identified in the service plan. These services include social skills training necessary to maintain employment, coordination of networks of support to reinforce and enhance employment stability, benefits counseling, and guidance in career advancement.

Structure of Daily Living

This service focuses on assisting the individual to identify work related strengths and to manage functional deficits in order to maintain employment and facilitate progress towards long term career goals.

Cognitive and Behavioral Skill Acquisition

This service includes a structured approach to assisting individuals maintain employment once they have successfully completed the intensive training phase of VR sponsored job coaching. This service assists the individual in acquiring and maintaining the necessary generic work skills that leads to a satisfactory employment relationship, such as communication and social skills, time management, benefits management, and other issues that may impact long term career success.

Service Type

Long Term Vocational Support (Extended Services) is a day/night service. This is day/night type of service under NC Administrative Code T10:14V .5800. This service is not Medicaid billable. Payment unit equals one unit for the nearest fifteen minute interval based on the eight minute rounded-up rule.

Resiliency/Environmental Intervention
This service provides on-going long term support to ensure employment success and career growth and may also include work related supportive interventions outside of the work environment.
Service Delivery Setting
Unless otherwise specified by the individual, service must occur twice-monthly at the work site. If off-site monitoring is established, it must include one contact with the employer each month.
Medical Necessity
Per 10 NCAC 14V .2306 (b) (3), a qualified professional or an associate professional shall certify the eligibility of each client for this service according to the following criteria:
<p>A. There is an Axis I or II diagnosis present or the person has a condition that may be defined as a developmental disability as defined in G.S. 122C-3 (12a).</p> <p style="text-align: center;">AND</p> <p>Level of Care Criteria, NCSNAP/ASAM</p> <p style="text-align: center;">AND</p> <p>B. Individual verbalizes desire to work and currently expresses a preference for ongoing support.</p> <p style="text-align: center;">AND</p> <p>C. Individual requires assistance in addition to what is typically available from the employer to maintain competitive employment because of functional deficits and behaviors associated with diagnosis.</p>
Service Order Requirement
N/A
Continuation/Utilization Review Criteria
Consumer requires this service to maintain their function for employment within the community and progress towards meaningful long term career goals.
Discharge Criteria
<p>Consumer's level of functioning has improved with respect to the goals outlined in the service plan, or no longer benefits from this service. The decision should be based on one of the following:</p> <ol style="list-style-type: none"> 1. Consumer is successfully employed and no longer needs these support services. 2. Consumer is not making progress, or is regressing, and all realistic treatment options within this modality have been exhausted. 3. Consumer has requested the discontinuance of long term vocational support services.
Service Maintenance Criteria
<p>If the recipient is functioning effectively with this service and discharge would otherwise be indicated, Long Term Vocational Support Services should be maintained when it can be reasonably anticipated that regression is likely to occur if the service is withdrawn. The decision should be based on any one of the following:</p> <p>A. Evidence that gains will be lost in the absence of Long Term Vocational Support Services is documented in the service record.</p> <p style="text-align: center;">OR</p> <p>B. In the event there are epidemiologically sound expectations that symptoms will persist and that ongoing treatment interventions are needed to sustain functional gains, the presence of a DSM IV diagnosis would necessitate a disability management approach.</p>

**Note: Any denial, reduction, suspension, or termination of service requires notification to the recipient and/or legal guardian about their appeal rights.*

Provider Requirement and Supervision

Each provider of long term vocational support services (Extended Services) must have a designated program director who is at least a high school graduate or equivalent with 3 years of experience in the appropriate disabilities programs. Any person providing evaluation of job performance services shall have a high school diploma.

Documentation Requirements

Documentation in the client record is required as indicated in the Service Records Manual.

Appropriate Service Codes

Medicaid	IPRS	Pioneer	UCR-WM (CTSP)	UCR-TS (MR/MI)
Not Billable	YM645	N/A	N/A	645

Mandated Team Evaluation & Treatment/Habilitation Planning

There is one case where the State has mandated that certain evaluations, treatment/habilitation planning, and services be carried out jointly by a team of professionals:

- A. Multi-disciplinary assessments and treatment planning are mandated for all prospective and enrolled children 0-4 under P.L. 99-457 as amended; and
- B. Case management is a mandated service, and as such, more than one area program or contract agency staff person beyond the case manager may be involved in this mandated activity.

Mandated Team Evaluation and Treatment/Habilitation Planning is the service definition that is to be used for reporting of the time additional staff spend in these kinds of mandated activities [see guideline #1].

GUIDELINES:

- (1) The primary staff member involved in the service event should record the activity as appropriate to the situation -- *for example: screening, for individuals not yet registered as clients; evaluation or case management, for clients* -- additional staff involved in the service event should report the activity to *Mandated Team Evaluation and Treatment/Habilitation*.
- (2) Include face-to-face and telephone time in contact with other area program or contract agency staff only when the activity is mandated for a 99-457. Co-therapy and other joint service time is not to be included or reported, nor is supervisor/staff joint treatment/habilitation time.
- (3) Staff Travel Time to be reported separately.
- (4) Preparation/documentation time NOT to be reported.

Therapeutic Relationship and Interventions

N/A

Structure of Daily Living

N/A

Cognitive and Behavioral Skill Acquisition

N/A

Service Type

This service is not Medicaid billable.

Resiliency/Environmental Intervention

N/A

Service Delivery Setting

May be provided at any location.

Medical Necessity

N/A

Service Order Requirement

N/A

Continuation/Utilization Review Criteria

N/A

Discharge Criteria

N/A

Service Maintenance Criteria

N/A

Provider Requirement and Supervision

N/A

Documentation Requirements				
Documentation is required in reports, event tickets, a staff activity log or a pending file. Whoever is responsible for written required documentation on assessment forms or on service notes in the client service record, shall list all staff who were involved in the activity.				
Appropriate Service Codes				
Medicaid	IPRS	Pioneer	UCR-WM (CTSP)	UCR –TS (MR/MI)
Not Billable	YP340	340	N/A	340

Opiod Treatment (Formerly Narcotic Addiction Treatment)

Outpatient Opioid - Treatment is a service designed to offer the individual an opportunity to effect constructive changes in his lifestyle by using methadone or other drug approved by the Food and Drug Administration for the treatment of Opioid Addiction in conjunction with the provision of rehabilitation and medical services. It is a tool in the detoxification and rehabilitation process of an opiate-dependent individual.

GUIDELINES:

- (1) Services in this type include methadone administration for:
 - a. treatment, or
 - b. maintenance.
- (2) Only direct face-to-face time with client to be reported.
- (3) Staff Travel Time to be reported separately.
- (4) Preparation/documentation time NOT reported.

Payment Unit: 1daily unit

Therapeutic Relationship and Interventions

Administration of methadone or other drug approved by the Food and Drug Administration for the treatment of Opioid Addiction in a licensed Opioid Treatment Program. Administration of methadone to patients with opiate addiction disorders for purposes of methadone maintenance or detoxification is the only activity billable to Medicaid under this service code. Medicaid patients can only be approved to receive methadone whereas self-pay and Pioneer patients are eligible to receive LAAM or other FDA approved drugs as clinically indicated.

Structure of Daily Living

N/A

Cognitive and Behavioral Skill Acquisition

N/A

Service Type

This is a periodic service. Methadone maintenance is the only opioid treatment for opiate addiction disorders that is Medicaid billable.

Resiliency/Environmental Intervention

N/A

Service Delivery Setting

This service must be provided at a licensed Outpatient Opioid Treatment Program.

Medical Necessity

The recipient is eligible for this service when:

A. An Axis I or II diagnosis is present,

AND

B. ASAM (American Society for Addiction Medicine) for Opioid Maintenance Therapy (OMT) Level of Service is met and/or other ASAM levels of services as indicated,

AND

1. Service is a part of an aftercare planning process (time limited step down or transitioning) and is required to avoid returning to a higher, more restrictive level of service.
2. Medication administration and monitoring have alleviated limited symptoms, but other treatment interventions are needed.

Service Order Requirement

Service orders must be completed by a physician prior to or on the day services are to be provided.

Continuation/Utilization Review Criteria				
<p>The desired outcome or level of functioning has not been restored, improved, or sustained over the time frame outlined in the consumer's service plan or the consumer continues to be at risk for relapse based on history or the tenuous nature of the functional gains,</p> <p style="text-align: center;">OR</p> <p>The patient meets any of the specifications listed in the ASAM criteria for Dimension 5 Relapse, Continued Use or Continued Problem Potential for Opioid Maintenance Therapy.</p>				
Discharge Criteria				
<p>Consumer's level of functioning has improved with respect to the goals outlined in the service plan, inclusive of a transition plan to step down, or no longer benefits, or has the ability to function at this level of care and any of the following apply:</p> <p>A). Consumer has achieved goals, discharge to a lower level of care is indicated.</p> <p>B). Consumer is not making progress, or is regressing and all realistic treatment options with this modality have been exhausted.</p> <p>Any denial, reduction, suspension, or termination of service requires notification to the consumer and/or legal guardian about their appeal rights.</p>				
Service Maintenance Criteria				
<p>If the consumer is functioning effectively with this service and discharge would otherwise be indicated, Opioid Treatment should be maintained when it can be reasonably anticipated that regression is likely to occur if the service is withdrawn. The decision should be based on any one of the following:</p> <p>A). Past history of regression in the absence of Opioid Treatment is documented in the consumer record.</p> <p style="text-align: center;">OR</p> <p>B). The presence of a DSM-IV diagnoses which would necessitate a disability management approach. In the event, there is epidemiological sound expectations that symptoms will persist and that on going treatment interventions are needed to sustain functional gains.</p> <p>Any denial, reduction, suspension, or termination of service requires notification to the consumer and/or legal guardian about their appeal rights.</p>				
Provider Requirement and Supervision				
<p>This service can only be provided by a Registered Nurse, Licensed Practical Nurse, Pharmacist, or Physician.</p>				
Documentation Requirements				
<p>Documentation is required in the medication log.</p>				
Appropriate Service Codes				
Medicaid	IPRS	Pioneer	UCR-WM (CTSP)	UCR-TS (MR/MI)
H0020	H0020	440	N/A	440

Outpatient Treatment

Outpatient Treatment is a service designed to meet the clinically significant behavioral or psychological symptoms or patterns that have been identified as treatment needs of the recipient. This service is provided through scheduled therapeutic treatment sessions. The service may be provided to an individual, families, or groups. This service includes: counseling, psychotherapy, medication therapy, and other special therapy* and collateral work with family (or substitute family) members of a service recipient.

*Occupational therapy, physical therapy, speech therapy and audiological services are not billed as Outpatient Treatment. These services are billed using CPT codes where the licensed therapist follows the practice guidelines, service order, and prior approval requirements for their respective discipline. These practice guidelines apply regardless of the source of funding for the service. The prior approval requirements for the outpatient specialized therapies can be found in the September 2002 *Special NC Medicaid Bulletin* which can be accessed via the Division of Medical Assistance website www.dhhs.state.nc.us/dma/.

Note: Screening, Evaluation, and Case Consultation are core services that can be billed as Outpatient Treatment Services, with a standing order. The intent of these core services is to facilitate access to MH/DD/SA services, including crisis intervention and stabilization. Core services do not require prior authorization up to the limit noted below (screening).

Therapeutic Relationship and Interventions

There should be a supportive and therapeutic relationship between the provider and service recipient or primary caregiver which addresses and/or implements the interventions outlined in the service plan in any one of the following:

- A. mental health therapy,
- B. medication administration and monitoring,
- C. behavioral counseling,
- D. counseling for substance abuse issues including methadone treatment and outpatient detoxification services,
- E. education about mental health and/or substance abuse issues, and
- F. other covered services for recipients with only a primary developmental disability diagnosis which are limited to physical therapy, speech therapy, or occupational therapy..

Structure of Daily Living

This service is designed as a structured face-to-face therapeutic intervention to provide support and guidance in preventing, overcoming, or managing identified needs on the service plan to aid with improving level of functioning, increasing coping abilities or skills, or sustaining a successful level of functioning on an outpatient basis.

Cognitive and Behavioral Skill Acquisition

This service includes interventions that:

- A. address functional problems associated with affective or cognitive problems and/or the recipient's diagnostic conditions;
- B. are strength-based and focused on improving the quality of the recipient's life and/or providing assistance to the caregiver in better meeting the needs of the recipient in the most natural environment;
- C. prescribe to alleviating the identified need(s) as well as assistance with skill acquisition/or enhancement and support of functional gains.

Service Type
This is a periodic, professional level service that may be offered on an individual or group basis. Outpatient-Group services may be reimbursed up to 2 hours and 45 minutes. This service is Medicaid billable.
Resiliency/Environmental Intervention
This service may focus on assisting the individual, family or group to meet the treatment needs of the recipient in any location. This structured treatment modality targets developing, improving, or maintaining naturally occurring supports and relationships in the recipient's natural environment, both formal and informal
Service Delivery Setting
This service provides direct, face-to-face contact with the individual, the family or group in any location.
Medical Necessity
<p>The recipient is eligible for this service when:</p> <p>A. An Axis I or II diagnosis is present or the person has a condition that may be defined as a developmental disability as defined in GS 122C-3 (12a)</p> <p>NOTE: Medicaid and Health Choice recipients are allowed six preventive visits before a diagnosis has to be established</p> <p style="text-align: center;">AND</p> <p>B. LOC A for group/LOC B for individual/NC-SNAP (NC Supports/Needs Assessment Profile)/ASAM (American Society for Addiction Medicine)</p> <p style="text-align: center;">AND</p> <p>C. The recipient is experiencing difficulties in at least one of the following areas:</p> <ol style="list-style-type: none"> 1. functional impairment, 2. crisis intervention/diversion/aftercare needs, and 3. at risk for placement outside of the natural home setting: <p style="text-align: center;">AND</p> <p>D. The recipient's level of functioning has not been restored or improved and may indicate a need for clinical interventions in a natural setting if any one of the following apply:</p> <ol style="list-style-type: none"> 1. Unable to remain in the family or community setting due to symptoms associated with diagnosis, therefore being at risk for out of home placement, hospitalization, and/or institutionalization. 2. Intensive, verbal and limited physical aggression due to symptoms associated with diagnosis, which are sufficient to create functional problems in a community setting. 3. At risk of exclusion from services, placement or significant community support systems as a result of functional behavioral problems associated with diagnosis. 4. Functional problems which may result in the recipient's inability to access clinic based services in a timely or helpful manner. 5. Persistent or recurring behaviors or symptoms that result in the need for crisis services contacts, diversion from out of home placement related to MH/DD/SAS diagnosis, or voluntary commitment within the relevant past. 6. Service is a part of an aftercare planning process (time limited step down or transitioning) and is required to avoid returning to a higher, more restrictive level of service. 7. Medication administration and monitoring has alleviated limited symptoms, but other treatment interventions are needed. <p><i>*Note: The first twenty-six (26) visits for a child and the first eight (8) visits adult during the fiscal year do not require prior authorization.</i></p>

Service Order Requirement
For Medicaid reimbursement, this service must be ordered by a primary care physician, psychiatrist, or a licensed psychologist. The specialized outpatient therapies (i.e., speech and language therapy, physical therapy, and occupational therapy) must be ordered by a licensed physician, nurse practitioner, or physician assistant. All service orders must be made prior to or on the day service is initiated.
Continuation/Utilization Review Criteria
<p>The desired outcome or level of functioning has not been restored, improved, or sustained over the time frame outlined in the recipient's service plan, or the recipient continues to be at risk for relapse based on history or the tenuous nature of the functional gains or any one of the following apply:</p> <ul style="list-style-type: none"> A. Recipient has achieved initial service plan goals and additional goals are indicated. B. Recipient is making satisfactory progress toward meeting goals. C. Recipient is making some progress, but the service plan (specific interventions) needs to be modified so that greater gains, which are consistent with the recipient's premorbid level of functioning, are possible or can be achieved. D. Recipient is not making progress; the service plan must be modified to identify more effective interventions. E. Recipient is regressing; the service plan must be modified to identify more effective interventions. <p style="text-align: center;">AND</p> <p>Utilization review must be conducted after the first twenty six visits for children and after the first eight visits for adults during the fiscal year and be so documented in the service record.</p>
Discharge Criteria
<p>Recipient's level of functioning has improved with respect to the goals outlined in the service plan, inclusive of a transition plan to step down; or no longer benefits; or has the ability to function at this level of care and any of the following apply:</p> <ul style="list-style-type: none"> A. Recipient has achieved goals, discharge to a lower level of care is indicated. B. Recipient is not making progress, or is regressing and all realistic treatment options have been exhausted. <p><i>*Note: Any denial, reduction, suspension, or termination of service requires notification to the recipient and/or legal guardian about their appeal rights.</i></p>
Service Maintenance Criteria
<p>If the recipient is functioning effectively with this service and discharge would otherwise be indicated, outpatient services should be maintained when it can be reasonably anticipated that regression is likely to occur if the service is withdrawn. The decision should be based on any one of the following:</p> <ul style="list-style-type: none"> A. Past history of regression in the absence of outpatient services is documented in the service record. <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> B. In the event there are epidemiologically sound expectations that symptoms will persist and that ongoing treatment interventions are needed to sustain functional gains, the presence of a DSM IV diagnosis would necessitate a disability management approach. <p><i>*Note: Any denial, reduction, suspension, or termination of service requires notification to the recipient and/or legal guardian about their appeal rights.</i></p>
Provider Requirement and Supervision
Outpatient services are provided by Qualified Professional, and/or a Professional who is eligible to bill CPT codes based on their licensure and/or certification.

Documentation Requirements				
Minimum standard is a full service note per intervention that includes the purpose of contact, describes the provider's intervention(s), and the effectiveness of the intervention.				
Appropriate Service Codes				
Medicaid	IPRS	Pioneer	UCR-WM (CTSP)	UCR –TS (MR/MI)
CPT Codes 90801 through 90853, 90782, 90862 92506 -- 92508 HCPCS Codes: Alcohol/ Drug Assessment H0001 Alcohol/ Drug Screening H0002 Alcohol/Drug Indiv. Counseling H0005 Alcohol/Drug Group Counseling H0015 Individual: Y2305 Group: Y2306 Speech and language therapists, physical therapists, occupational therapists, and audiologists shall use the CPT code appropriate to their discipline and the service provided.	Individual: Y2305 Group: Y2306 CPT Codes HCPCS Codes The specialized outpatient therapists (ST, PT, OT) shall use CPT code appropriate to their discipline and the service provided.	Individual: 420 Group: 421 Y2305	Individual: 110 Group: 116	Individual: 420 Group: 421

Outpatient Treatment

Outpatient Treatment consists of multiple activities with the goal of meeting the clinical needs of service recipients. These services are performed by qualified providers in accordance with primary case responsibility. The following outlines typical activities by Outpatient staff that are billable to Medicaid.

YES	NO
Therapy for mental health and substance abuse issues.	Writing treatment plans, contact logs, notes, service notes, etc.
Medication administration and monitoring	Filling out SALs, timesheets, etc.
Behavioral counseling contracts programming, etc.	Reading, copying, mailing evaluations or other information about the recipient.
Psychoeducational activities.	Requesting information.
Education to a recipient and collaterals about mental health and substance abuse issues, medication, wellness, etc., both in individual and group forums.	Referrals for other mh/dd/sa services.
Methadone treatment	Telephone contact with the recipient or collaterals.
Outpatient detoxification.	Attending treatment team meetings.
Individual in-home services.	Meeting with other qualified provider staff and the recipient/collateral when that staff bills this time to Medicaid.
Providing consultation to caregivers, service providers and others who have legitimate role in addressing the needs identified in the service plan.	Meeting without the recipient/collateral present.
Outpatient treatment activities while a recipient resides in a an acute hospital setting which are professional services NOT covered by the cost of acute care (e.g., sex offender evaluations, forensic screenings.	Staff travel time.
	Outpatient treatment activities while a recipient resides in an acute hospital setting that should be covered by staff employed as a part of the hospital per diem

Partial Hospitalization
Partial Hospitalization is a short-term service for acutely mentally ill children or adults which provides a broad range of intensive therapeutic approaches which may include: group activities/therapy, individual therapy, recreational therapy, community living skills/training, increase the individual's ability to relate to others and to function appropriately, coping skills, medical services. This service is designed to prevent hospitalization or to serve as an interim step for those leaving an inpatient facility. A physician shall participate in diagnosis, treatment planning, and admission/discharge decisions. Physician involvement shall be one factor that distinguishes Partial Hospitalization from Day Treatment Services.
Therapeutic Relationship and Interventions
This service is designed to offer face-to-face therapeutic interventions to provide support and guidance in preventing, overcoming, or managing identified needs on the service plan to aid with improving the client's level of functioning in all domains, increasing coping abilities or skills, or sustaining the achieved level of functioning.
Structure of Daily Living
This service offers a variety of structured therapeutic activities including medication monitoring designed to support a client remaining in the community which are provided under the direction of a physician, although the program does not have to be hospital based. Other identified providers shall carry out the identified individual or group interventions (under the direction of the physician). This service offers support and structure to assist the individual client with coping and functioning on a day to day basis to prevent hospitalization or to step down into a lower level of care from inpatient setting.
Cognitive and Behavioral Skill Acquisition
This service includes interventions that address functional deficits associated with affective or cognitive problems and/or the client's diagnostic conditions. This may include training in community living, and specific coping skills, and medication management. This assistance allows clients to develop their strengths and establish peer and community relationships.
Service Type
This is day/night service that shall be provided a minimum of (4) four hours per day, (5) five days per week, and (12) twelve months per year. Service standards and licensure requirements are outlined in 10 NCAC 14V Section 1100. This service is Medicaid billable.
Resiliency/Environmental Intervention
This service assists the client in transitioning from one service to another (an inpatient setting to a community-based service) or preventing hospitalization. This service provides a broad array of intensive approaches, which may include group and individual activities.
Service Delivery Setting
This service is provided in a licensed facility that offers a structured, therapeutic program under the direction of a physician that may or may not be hospital based.
Medical Necessity
<p>Must have Axis I or II diagnosis,</p> <p style="text-align: center;">AND,</p> <p>Level of Care Criteria, Level C/NCSNAP/,</p> <p style="text-align: center;">AND,</p> <p>The consumer is experiencing difficulties in at least one of the following areas:</p>

Functional impairment, crisis intervention/diversion/aftercare needs, and/or at risk for placement outside the natural home setting.

AND,

The consumer's level of functioning has not been restored or improved and may indicate a need for clinical interventions in a natural setting if any one of the following apply:

1. Being unable to remain in family or community setting due to symptoms associated with diagnosis, therefore being at risk for out of home placement, hospitalization, and/or institutionalization.
2. Presenting with intensive, verbal and limited physical aggression due to symptoms associated with diagnosis, which are sufficient to create functional problems in a community setting.
3. Being at risk of exclusion from services, placement or significant community support system as a result of functional behavioral problems associated with diagnosis.
4. Requires a structured setting to monitor mental stability and symptomology, and foster successful integration into the community through individualized interventions and activities.
5. Service is a part of an aftercare planning process (time limited or transitioning) and is required to avoid returning to a higher, more restrictive level of service.

Service Order Requirement

A physician must order this service prior to or on the day the service is initiated.

Continuation/Utilization Review Criteria

The desired outcome or level of functioning has not been restored, improved, or sustained over the time frame outlined in the consumer's service plan or the consumer continues to be at risk for relapse based on history or the tenuous nature of the functional gains or any one of the following apply:

- A). Consumer has achieved initial service plan goals and additional goals are indicated.
- B). Consumer is making satisfactory progress toward meeting goals.
- C). Consumer is making some progress, but the service plan (specific interventions) need to be modified so that greater gains which are consistent with the consumer's premorbid level of functioning are possible or can be achieved.
- D). Consumer is not making progress; the service plan must be modified to identify more effective interventions.
- E). Consumer is regressing; the service plan must be modified to identify more effective interventions.

Discharge Criteria

Consumer's level of functioning has improved with respect to the goals outlined in the service plan, inclusive of a transition plan to step down, or no longer benefits, or has the ability to function at this level of care and any of the following apply:

- A). Consumer has achieved goals, discharge to a lower level of care is indicated.
- B). Consumer is not making progress, or is regressing and all realistic treatment options with this modality have been exhausted.

Any denial, reduction, suspension, or termination of service requires notification to the consumer and/or legal guardian about their appeal rights.

Service Maintenance Criteria

If the consumer is functioning effectively with this service and discharge would otherwise be indicated, PH should be maintained when it can be reasonably anticipated that regression is likely to occur if the service is withdrawn. The decision should be based on any one of the following:

- A). Past history of regression in the absence of PH is documented in the consumer record.

OR

B). The presence of a DSM-IV diagnoses which would necessitate a disability management approach. In the event, there is epidemiological sound expectations that symptoms will persist and that on going treatment interventions are needed to sustain functional gains.
Any denial, reduction, suspension, or termination of service requires notification to the consumer and/or legal guardian about their appeal rights.

Provider Requirement and Supervision

All services in the partial hospital milieu are provided by a team, which may have the following configuration: social workers, psychologists, therapists, case managers, and other MH/SA paraprofessional staff. The partial hospital milieu is directed under the supervision of a physician. Staffing requirements are outlined in 10 NCAC 14V.1102.

Documentation Requirements

Minimum documentation is a weekly service note that includes the purpose of contact, describes the provider's interventions, and the effectiveness of the interventions.

Appropriate Service Codes

Medicaid	IPRS	Pioneer	UCR-WM (CTSP)	UCR –TS (MR/MI)
Child: Y2311	Child: Y2311	675	330	N/A
Adult: Y2312	Adult: Y2312	675	N/A	675

***Day Treatment/PH will be separated into two separate codes in the near future for Medicaid billing.**

Partial Hospitalization

Partial Hospitalization (PH) is a short-term service for adults and children with acute emotional disturbances. The Partial Hospital service is supervised by a physician. PH is an interim treatment for prevention of hospitalization or as a step-down from hospitalization. Per Medicaid regulations, this program must be offered for 3 hours per day, although a participant may attend for less than this time.

YES	NO
<p>Psychoeducational activities.</p> <p>Recreational activities when used as a strategy to meet goals.</p> <p>Education to recipient and collaterals about mental health and substance abuse issues, medication, wellness, etc.</p> <p>Basic educational skills development.</p> <p>Prevocational activities</p> <p>Individual and group psychotherapy</p> <p>Behavioral interventions including token/ level systems structured behavior programs, etc.</p> <p>Supportive counseling.</p> <p>Community integration activities.</p> <p>Support groups.</p> <p>Modeling, positive reinforcements, redirection, de-escalation, anticipatory guidance, etc.</p> <p>Adaptive skills training in all functional domains—personal care, domestic, social, communication, leisure, problem- solving, etc.</p> <p>Family support services.</p> <p>Transporting recipients to the activities when part of the program day.</p>	<p>Education curriculum.</p> <p>Vocational activities.</p> <p>Writing treatment plans, service notes, etc.</p> <p>Staff travel time.</p> <p>Case Management functions.</p> <p>Outreach efforts when the recipient is absent from the program.</p> <p>Transporting the recipient to and from the day treatment/ PH program.</p>

Personal Assistance
<p>Personal Assistance is a support service which provides aid to a client so that the client can engage in activities and interactions from which the client would otherwise be limited or excluded because of his disability or disabilities. The assistance includes: (1) assistance in personal or regular living activities in the client's home, (2) support in skill development, or (3) support and accompaniment of the client in regular community activities or in specialized treatment, habilitation or rehabilitation service programs.</p> <p>GUIDELINES:</p> <ol style="list-style-type: none"> 1) Include face-to-face time providing assistance to the client and time spent transporting the individual to or from services. 2) Homemaker and Personal Care which are not directed at training new client skills and other similar services are to be reported in this category. 3) This service is usually provided by non-professionals--with the single goal of providing assistance to the client so s/he can function in more normal environments. When professionals provide this service in addition to habilitation or treatment during the same time period, the outpatient treatment (or other relevant code) should be given precedence for reporting and those documentation requirements shall be met. 4) Staff Travel Time to be reported separately. 5) Preparation/documentation time NOT reported.
Therapeutic Relationship and Interventions
<p>There should be a supportive therapeutic relationship between the provider and the client which addresses and/or implements interventions outlined in the service plan. These may include 1) assistance in personal or regular living activities in the client's home, (2) support in skill development, or 3) support and accompaniment of the client in regular community activities or in specialized treatment, habilitation or rehabilitation service programs.</p>
Structure of Daily Living
<p>This service focuses on providing or assisting individuals in homemaking and personal care activities to enable the individual to remain in the least restrictive environment.</p>
Cognitive and Behavioral Skill Acquisition
<p>This service is intended to assist individuals to live as independently as possible.</p>
Service Type
<p>Personal Assistance is a periodic service. This service is not Medicaid billable.</p>
Resiliency/Environmental Intervention
<p>This service focuses on assisting the individuals in becoming connected to naturally occurring support systems and relationships in the community to provide and enhance opportunities for meaningful community participation.</p>
Service Delivery Setting
<p>This service can be provided - in any location.</p>
Medical Necessity
<p>A. There is an Axis I or II diagnosis present or the person has a condition that may be defined as a developmental disability as defined in GS 122C-3 (12a)</p>

AND

B. Level of Care Criteria, NCSNAP/ASAM

AND

C. The recipient is experiencing difficulties in at least one of the following areas:

1. Functional impairment
2. crisis intervention/diversion/aftercare needs, and/or
3. at risk of placement outside the natural home setting.

AND

D. The recipient's level of functioning has not been restored or improved and may indicate a need for clinical interventions in a natural setting if any of the following apply:

1. At risk for out of home placement, hospitalization, and/or institutionalization due to symptoms associated with diagnosis.
2. Presents with intensive verbal, and limited physical aggression due to symptoms associated with diagnosis, which are sufficient to create functional problems in a community setting.
3. At risk of exclusion from services, placement or significant community support systems as a result of functional behavioral problems associated with the diagnosis.
4. Requires a structured setting to foster successful integration into the community through individualized interventions and activities.

Service Order Requirement

N/A

Continuation/Utilization Review Criteria

The client continues to have needs that are met by this service definition.

Discharge Criteria

Consumer's level of functioning has improved with respect to the goals outlined in the service plan, or no longer benefits from this service. The decision should be based on one of the following:

1. Consumer has achieved service plan goals, discharge to a lower level of care is indicated.
2. Consumer is not making progress, or is regressing, and all realistic treatment options within this modality have been exhausted.

Service Maintenance Criteria

If the recipient is functioning effectively with this service and discharge would otherwise be indicated, personal assistance should be maintained when it can be reasonably anticipated that regression is likely to occur if the service is withdrawn. The decision should be based on any one of the following:

A. Evidence that gains will be lost in the absence of personal assistance is documented in the service record.

OR

B. In the event there are epidemiologically sound expectations that symptoms will persist and that ongoing treatment interventions are needed to sustain functional gains, the presence of a DSM IV diagnosis would necessitate a disability management approach.

**Note: Any denial, reduction, suspension, or termination of service requires notification to the recipient and/or legal guardian about their appeal rights.*

Provider Requirement and Supervision				
Direct care providers shall meet the competencies and supervision requirements as specified in 10 NCAC 14V .0202 and .0204.				
Documentation Requirements				
Documentation is required as specified in the Service Records Manual.				
Appropriate Service Codes				
Medicaid	IPRS	Pioneer	UCR-WM (CTSP)	UCR –TS (MR/MI)
Not Billable	Individual - YP020 Group – YP021	020 021	N/A N/A	020 021

Personal Care Services
<p>Personal care services delivered to individuals who are not inpatients or residents of a hospital, nursing facility, intermediate care facility for the mentally retarded (ICF-MR), or institution for mental disease (IMD). These services are provided to assist with an individual's activities of daily living, such as assistance with eating, bathing, dressing, personal hygiene, bladder and bowel requirements, and taking medications.</p> <p>GUIDELINES:</p> <ol style="list-style-type: none"> 1. May be provided at any location. 2. Include face-to-face time providing assistance to the client and time spent transporting the individual to or from services. 3. Authorized for an individual by a qualified case manager in accordance with a service plan approved by the State; 4. Provided by a qualified individual who is not a member of the individual's family; and 5. Furnished in a home or other location. 6. Staff Travel Time to be reported separately. 7. Preparation/documentation time NOT reported. 8. Documentation is required in the client's regular treatment/habilitation records, or case management record.
Therapeutic Relationship and Interventions
<p>There should be a supportive therapeutic relationship between the provider and the client which addresses and/or implements interventions outlined in the service plan.</p>
Structure of Daily Living
<p>This service is focused on the implementation of strategies and activities in the person's service plan that support personal interaction, enhanced social roles and community membership.</p>
Cognitive and Behavioral Skill Acquisition
<p>This service is intended to assist individuals to live as independently as possible.</p>
Service Type
<p>Personal Care is a periodic service. This service is not Medicaid billable.</p>
Resiliency/Environmental Intervention
<p>This service focuses on assisting individuals in becoming connected to naturally occurring support systems and relationships in the community to provide and enhance opportunities for meaningful community participation.</p>
Service Delivery Setting
<p>This service can be provided in any location.</p>
Medical Necessity
<p>A. There is an Axis I or II diagnosis present or the person has a condition that may be defined as a developmental disability as defined in GS 122C-3 (12a) AND B. Level of Care Criteria, Level NCSNAP/ASAM AND C. The recipient is experiencing difficulties in at least one of the following areas:</p> <ol style="list-style-type: none"> 1. functional impairment

2. crisis intervention/diversion/aftercare needs, and/or
3. at risk of placement outside the natural home setting.

AND

D. The recipient's level of functioning has not been restored or improved and may indicate a need for clinical interventions in a natural setting if any of the following apply:

1. At risk for out of home placement, hospitalization, and/or institutionalization due to symptoms associated with diagnosis.
2. Presents with intensive verbal, and limited physical aggression due to symptoms associated with diagnosis, which are sufficient to create functional problems in a community setting.
3. At risk of exclusion from services, placement or significant community support systems as a result of functional behavioral problems associated with the diagnosis.
4. Requires a structured setting to foster successful integration into the community through individualized interventions and activities.

Service Order Requirement

N/A

Continuation/Utilization Review Criteria

The client continues to have needs that are met by this service definition.

Discharge Criteria

Consumer's level of functioning has improved with respect to the goals outlined in the service plan, or no longer benefits from this service. The decision should be based on one of the following:

1. Consumer has achieved service plan goals, discharge to a lower level of care is indicated.
2. Consumer is not making progress, or is regressing, and all realistic treatment options within this modality have been exhausted.

Service Maintenance Criteria

If the recipient is functioning effectively with this service and discharge would otherwise be indicated, Personal Care should be maintained when it can be reasonably anticipated that regression is likely to occur if the service is withdrawn. The decision should be based on any one of the following:

1. Evidence that gains will be lost in the absence of Personal Care is documented in the service record.

OR

2. In the event there are epidemiologically sound expectations that symptoms will persist and that ongoing treatment interventions are needed to sustain functional gains, the presence of a DSM IV diagnosis would necessitate a disability management approach.

**Note: Any denial, reduction, suspension, or termination of service requires notification to the recipient and/or legal guardian about their appeal rights.*

Provider Requirement and Supervision

Direct care providers shall meet the competencies and supervision requirements as specified in 10 NCAC 14V .0202 and .0204.

Documentation Requirements				
Documentation is required as specified in the Service Records Manual.				
Appropriate Service Codes				
Medicaid	IPRS	Pioneer	UCR-WM (CTSP)	UCR –TS (MR/MI)
Not Billable	Individual – YM050 Group –YM051	N/A	N/A N/A	050 051

Professional Treatment Services in Facility-Based Crisis Program

This service provides an alternative to hospitalization for recipients who have a mental illness, developmental disability or substance abuse disorder. This is a 24 hour residential facility that provides support and crisis services in a community setting. This can be provided in a non-hospital setting for recipients in crisis who need short term intensive evaluation, treatment intervention, or behavioral management to stabilize acute or crisis situations.

Therapeutic Relationship and Interventions

This service offers therapeutic interventions designed to support a recipient remaining in the community and alleviate acute or crisis situations that are provided under the direction of a physician, although the program does not have to be hospital based. Interventions are implemented by other staff under the direction of the physician. These supportive interventions assist the recipient with coping and functioning on a day-to-day basis to prevent hospitalization.

Structure of Daily Living

This service is an intensive, short term, medically supervised service that is provided in certain 24 hour service sites. The objectives of the service include assessment and evaluation of the condition(s) that have resulted in acute psychiatric symptoms, disruptive or dangerous behaviors, or intoxication from alcohol or drugs; to implement intensive treatment, behavioral management interventions, or detoxification protocols; to stabilize the immediate problems that have resulted in the need for crisis intervention or detoxification; to ensure the safety of the individual by closely monitoring his/her medical condition and response to the treatment protocol; and to arrange for linkage to services that will provide further treatment and/or rehabilitation upon discharge from the Facility Based Crisis Service.

Cognitive and Behavioral Skill Acquisition

This service is designed to provide support and treatment in preventing, overcoming, or managing the identified crisis or acute situations on the service plan to assist with improving the recipient's level of functioning in all documented domains, increasing coping abilities or skills, or sustaining the achieved level of functioning.

Service Type

This is a 24-hour service that is offered seven days a week. This service is Medicaid billable.

Resiliency/Environmental Intervention

This service assists the recipient with remaining in the community and receiving treatment interventions at an intensive level without the structure of an inpatient setting. This structured program assesses, monitors, and stabilizes acute symptoms 24 hours a day.

Service Delivery Setting

This service must be provided in a licensed facility which meet 10 NCAC 14V.5000 licensure standards.

Medical Necessity

The recipient is eligible for this service when:

- A. There is an Axis I or II diagnosis present or the person has a condition that may be defined as a developmental disability as defined in GS 122C-3 (12a).

AND,

B. Level of Care Criteria, level D/NC-SNAP (NC Supports/Needs Assessment Profile)/ASAM (American Society of Addiction Medicine)

AND,

C. The recipient is experiencing difficulties in at least one of the following areas:

1. functional impairment,
2. crisis intervention/diversion/aftercare needs, and/or
3. at risk for placement outside of the natural home setting.

AND

D. The recipient's level of functioning has not been restored or improved and may indicate a need for clinical interventions in a natural setting if any one of the following apply:

1. Unable to remain in family or community setting due to symptoms associated with diagnosis, therefore being at risk for out of home placement, hospitalization, and/or institutionalization.
2. Intensive, verbal and limited physical aggression due to symptoms associated with diagnosis, which are sufficient to create functional problems in a community setting.
3. At risk of exclusion from services, placement or significant community support systems as a result of functional behavioral problems associated with diagnosis.

Service Order Requirement

For Medicaid reimbursement, this service must be ordered by a physician or licensed psychologist prior to or on the day service is initiated.

Continuation/Utilization Review Criteria

The desired outcome or level of functioning has not been restored, improved, or sustained over the time frame outlined in the recipient's service plan or the recipient continues to be at risk for relapse based on history or the tenuous nature of the functional gains or any one of the following apply:

- A. Recipient has achieved initial service plan goals and additional goals are indicated.
- B. Recipient is making satisfactory progress toward meeting goals.
- C. Recipient is making some progress, but the service plan (specific interventions) need to be modified so that greater gains, which are consistent with the recipient's premorbid level of functioning, are possible or can be achieved.
- D. Recipient is not making progress; the service plan must be modified to identify more effective interventions.
- E. Recipient is regressing; the service plan must be modified to identify more effective interventions.

And

Utilization review must be conducted after the first 72 hours (on the fourth day), may be authorized in increments of 7 days thereafter and is so documented in the service record.

Discharge Criteria

Recipient's level of functioning has improved with respect to the goals outlined in the service plan, inclusive of a transition plan to step down, or no longer benefits, or has the ability to function at this level of care and any of the following apply:

- A. Recipient has achieved goals, discharge to a lower level of care is indicated.
- B. Recipient is not making progress, or is regressing and all realistic treatment options with this modality have been exhausted.

**Note: Any denial, reduction, suspension, or termination of service requires notification to the recipient and/or legal guardian about their appeal rights.*

Service Maintenance Criteria

If the recipient is functioning effectively with this service and discharge would otherwise be indicated, Facility Based Crisis service should be maintained when it can be reasonably anticipated that regression is likely to occur if the service is withdrawn. The decision should be based on any one of the following:

- A. Past history of regression in the absence of facility based crisis service is documented in the service record

OR

- B. In the event there are epidemiologically sound expectations that symptoms will persist and that ongoing treatment interventions are needed to sustain functional gains, the presence of a DSM IV diagnosis would necessitate a disability management approach.

**Note: Any denial, reduction, suspension, or termination of service requires notification to the recipient and/or legal guardian about their appeal rights.*

Provider Requirement and Supervision

This is a 24-hour service that is offered seven days a week, with a staff to recipient ratio that ensures the health and safety of clients served in the community and compliance with 10NCAC 14R.0104 Seclusion, Restraint and Isolation Time Out. At no time will staff to recipient ratio be less than 1:6 for adult mental health recipients, 1:9 for adult substance abuse recipients, and 1:3 for child mental health recipients.

Documentation Requirements

Minimum documentation is a daily service note per shift.

Appropriate Service Codes

Medicaid	IPRS	Pioneer	UCR-WM (CTSP)	UCR-TS (MR/MI)
Y2315	Y2315	800	253	800

Professional Treatment Services in Facility-Based Crisis Program

This service is designed to support a recipient's needs for crisis services in a community setting and as an alternative to hospitalization. Area programs may already have these services licensed as Residential Acute Crisis Treatment and/or Non-Hospital Medical Detox. If so, this Medicaid service offers a new source of revenue to expand these services. With Division approval, other potential residential services may qualify for this funding if they are comparable in terms of program purpose and staffing. Some of the key factors to this service are:

YES	NO
<p>Must operate 24 hours per day, 7 days per week, 12 months per year.</p> <p>Medically supervised treatment including access to a physician 24 hours per day. Physician examination required within 24 hours of admission.</p> <p>Short-term service (i.e., 15 days) with the goals of evaluation, intensive treatment, stabilization, monitoring response and discharge planning.</p> <p>Typically documentation and billing will occur based upon the preliminary treatment plan or an updated service plan which includes goals for this service.</p> <p>Other periodic services may be billed when the staff person/provider is not cost found to this program.</p> <p>If a recipient resides for only a portion of the day (e.g., misses midnight census), services provided may be billed up to 2 hours of Evaluation.</p> <p>Typical staff/recipient ratio of 1 to 9.</p>	<p>Social Setting Detox.</p> <p>In-patient Treatment.</p>

Psychiatric Residential Treatment Facility (PRTF)

Psychiatric Residential Treatment Facility (PRTF) provides care for children who have mental illness or substance abuse/dependency and who are in need of services in a non-acute inpatient facility. This service may be provided when an individual does not require acute care, but requires supervision and specialized interventions on a 24-hour basis to attain a level of functioning that allows subsequent treatment in a less restrictive setting. This service is available for recipients under 21 years of age or who are in treatment at age 21. Continued treatment may be provided until the 22nd birthday as long as it is medically necessary. Discharge planning starts on the day of admission.

It should be noted that adolescents who appropriately require this level of care might have demonstrated unlawful or criminal behaviors. Therefore, this level of care may be court-ordered as an alternative to incarceration. This court order does not automatically certify PRTF admissions. Further, this program will not be used when the primary problems are social or economic (placement) issues alone. Medical necessity criteria must still be met for certification.

Providers desiring to enroll to provide PRTF services can inquire about the process by contacting, DMA Provider Services at 919-857-4017. PRTF providers must enroll with DMA to be eligible for Medicaid reimbursement.

Therapeutic Relationship and Interventions

Psychiatric treatment and specialized therapeutic care on a 24 hour basis in order to attain a level of functioning to allow subsequent treatment in a less restrictive setting.

Structure of Daily Living

Non-acute activities either in a hospital-based or non-hospital setting.

Cognitive and Behavioral Skill Acquisition

This service addresses functional deficits associated with the client's diagnosis which will allow client to attain a level of functioning for treatment in a less restrictive setting.

Service Type

This is a Medicaid billable 24-hour service. This service is not billable to Medicaid.

Resiliency/Environmental Intervention

This service assists the client in transitioning to a less restrictive setting.

Service Delivery Setting

This service can be provided in either a hospital-based or a non-hospital setting.

Medical Necessity

Must meet Level D in the MH/DD/SAS Level of Care Document

AND

The need for this level of treatment arises from a mental health or substance abuse diagnosis (DSM-IV) which requires and can be reasonably expected to respond to therapeutic interventions.

AND

The child/adolescent 's condition is not amenable to treatment outside a highly specialized secured therapeutic environment under daily supervision of a treatment team directed by and with 24 hour access to a board eligible/certified psychiatrist or general psychiatrist with experience in treating children and

adolescents.

OR

Less restrictive levels of care (Levels 1-4) have been attempted within the last 3 months and have failed or been ineffective with history of poor treatment compliance.

OR

The child is not at an acute level but is in need of extended diagnostic evaluation to determine appropriate treatment

AND

The child/adolescent can reasonably be expected to respond favorably to the specialized therapeutic interventions/modalities employed by the Psychiatric Residential Treatment Facility

Service Order Requirement

Prior Approval Process:

The prior approval process for PRTF begins when the area mental health program becomes aware that a recipient is in need of services. An assessment is done to determine medical necessity and the appropriate level of care. Once the level of care is determined, the case manager from the area mental health program will contact the independent utilization review contractor for Medicaid. The case manager will provide pertinent recipient information by telephone to the utilization reviewer.

Federal regulations require a certification of need (CON) form to be completed prior to admission when the recipient is already Medicaid-eligible or Medicaid is pending. The CON must meet all federal requirements and a copy must be maintained in the recipient's medical record. If application for Medicaid is made after admission, a CON must be done at the time the application is made and the independent utilization reviewer contacted immediately so that review can begin. Authorization for payment will be determined by the latest date of a signature on the CON form.

The following is the minimum data required from the facility representative in order to complete a preadmission certification review:

1. a DSM-IV diagnosis on Axis I through V
2. a description of the initial plan of care relating to the admitting symptoms
3. the current symptoms and precipitating factors requiring inpatient treatment
- 4. medication history**
5. prior hospitalization
6. prior alternative treatment
7. appropriate medical, social, and family histories
8. proposed aftercare placement/community-based treatment
9. the recipient's Medicaid identification (MID) number
10. recipient's name, date of birth, county of eligibility, and sex
11. residential facility name, provider number, and planned date of admission

Reviewers will request the transmittal of appropriate medical records or additional written documentation, as necessary to complete the review. Concurrent review will occur every 30 days.

Certification of Need Process

A certification of need (CON) process is necessary and must be performed by an independent team that includes a physician who has competence in diagnosis and treatment of mental illness, preferably in child psychiatry; and has knowledge of the individual's situation. An individual comprehensive service plan must be developed, implemented, and managed on an ongoing basis.

For an individual who applies for Medicaid while in the facility/program, the certification (CON) must be performed by the team responsible for the plan of care and cover any period prior to the application date for which the facility is seeking to have Medicaid coverage begin.

The CON for PRTF services must certify that:

1. Ambulatory care resources available within the community are insufficient to meet the treatment needs of the recipients; and
2. The patient's condition is such that it requires services on an inpatient basis under the direction of a board-eligible or certified child and adolescent psychiatrist or general psychiatrist with experience in treating children and adolescents; and
3. The services can reasonably be expected to improve the recipient's presenting condition or prevent further regression so that the services will no longer be needed.

NOTE: CONs cannot be retroactive for PRTF.

Continuation/Utilization Review Criteria

- 1- Spectrum of symptoms leading to admission have not remitted sufficiently to allow discharge to a lower level of care or the client has manifested new symptoms or maladaptive behaviors which meet initial authorization criteria and the treatment plan has been revised to incorporate new goals
And
- 2- Patient shows continued progress towards goals as reflected in documentation and treatment plans must be adjusted to reflect progress
And
- 3- The patient's family, legal guardian and/or home community is actively engaged in treatment and ongoing discharge planning
Or
- 4- Indicated therapeutic interventions have not yet been employed

Utilization review will be performed by an independent utilization review contractor, prior to admission and at least every 30 days by a telephonic review. All denials will be based on physician review decisions.

Discharge Criteria

- 1- **Patient's needs can now be met at a less restrictive level of care.**
- 2- Community placement/supportive services package exist that is able to adequately meet the needs of the recipient
- 3- Treatment goals related to problems leading to admission have been adequately met.
- 4- Legal guardian has withdrawn consent for treatment
- 5- No evidence of progress towards treatment goals and the treatment team has no expectation of progress at this level of care

Service Maintenance Criteria

If the client is functioning effectively at this level of treatment and discharge would otherwise be indicated, this level of service should be maintained when it can be reasonably anticipated that regression is likely to occur if the service were to be withdrawn. This decision should be based on at least one of the following:

1. There is a past history of regression in the absence of this service.
2. There are current indications that the client requires this residential service to maintain level of functioning as evidenced by difficulties experienced on therapeutic visits/stays in a non-treatment residential setting or in a lower level of residential treatment.
3. In the event there are epidemiologically sound expectations that symptoms will persist and that ongoing treatment interventions are needed to sustain functional gains, the nature of the client's DSM-IV diagnosis necessitates a disability management approach.

Note: Any denial, reduction, suspension, or termination of services requires notification to the client and/or the legal guardian about their appeal rights.

Provider Requirement and Supervision

PRTFs must be accredited through one of the following: Commission on Accreditation of Healthcare Organizations; the Commission on Accreditation of Rehabilitation Facilities, or the Council on Accreditation. In addition hospital licensure or 122c licensure is required. This program must be provided under the direction of a board eligible/certified child psychiatrist or general psychiatrist with demonstrated experience in the treatment of children and adolescents, and the services must be therapeutically appropriate and meet medical necessity criteria as established by the state.

Documentation Requirements

Must meet documentation requirements of the accrediting body as well as Medicaid requirements in the Service Records Manual.

Appropriate Service Codes

Medicaid	IPRS	Pioneer	UCR-WM (CTSP)	UCR-TS (MR/MI)
UB-92 Billing	YA230	705	230	N/A

Psychosocial Rehabilitation (PSR)

A Psychosocial Rehabilitation service is a day/night service which provides skill development activities, life skills development to support educational progress, and pre-vocational training to adults and elderly adults who have serious mental illness or severe and persistent mental illness. The PSR service is directed under the supervision of a physician. This service is available for a period of five or more hours per day, although a participant may attend for fewer than five hours. A specific program's hours of operation must meet appropriate licensure requirements.

Therapeutic Relationship and Interventions

There should be a supportive, therapeutic relationship between the providers, recipient, and family which addresses and/or implements interventions outlined in the service plan in any of the following:

- A. behavioral interventions/management,
- B. social and other skill development,
- C. adaptive skill training,
- D. enhancement of communication and problem-solving skills,
- E. anger management,
- F. family support,
- G. monitoring of changes in psychiatric symptoms and/or functioning,
- H. medication monitoring,
- I. psychoeducational activities, and
- J. positive reinforcement.

Structure of Daily Living

This service is designed primarily to serve recipients who have an impaired role functioning that adversely affects their ability to perform day-to-day routine activities. Community integration activities for the purpose of adaptive skill training and enhancement are part of this structured setting.

Cognitive and Behavioral Skill Acquisition

This service includes a structured approach that address the identified functioning problems associated with the complex conditions of the identified recipient. These interventions are designed to support symptom stability, increasing the recipient's ability to cope and relate to others, and enhancing the highest level of functioning to mainstream or maintain community based services.

Service Type

This is a day/night service that must be available five hours a day minimally, with a staff to recipient ratio of one to eight. Service standards are outlined in the State of North Carolina APSM 30-1, T10:14V.1200. This service is Medicaid billable.

Resiliency/Environmental Intervention

This service includes activities for the recipient with chronic mental illness who has a history of psychiatric hospitalization or who is at-risk of decompensation and is in need of a structured setting to prevent relapse and to facilitate community adjustment. This service is designed for individuals with serious mental illness or severe and persistent mental illness who have impaired role functioning that adversely affects at least two of the following: employment, management of financial affairs, ability to procure needed public support service, appropriateness of social behavior, or activities of daily living. Assistance is also provided to service recipients in organizing and developing their strengths and in establishing peer groups and community relationships. This service is provided to identified recipients on an outpatient basis only. The PSR service may be aligned with outpatient service that should be backed out or deducted from the hours of operation when provided by providers that are not cost

found/reported under the PSR definition.

Service Delivery Setting

This service is provided in licensed facilities only that include a structured setting that is not a part of a hospital setting with group and individual activities that may be provided to some recipients, but not all recipients of the day program. Services provided by professionals not assigned/cost found to this program shall be reported and accounted for as a part of the regular periodic service.

Medical Necessity

The recipient is eligible for this service when:

- A. There is an Axis I or II diagnosis present,
AND,
- B. Level of Care Criteria, Level C/NC-SNAP (NC Supports/Needs Assessment Profile)/ASAM (American Society for Addiction Medicine),
AND,
- C. The recipient has impaired role functioning that adversely affects at least two of the following:
 - 1. Employment,
 - 2. management of financial affairs,
 - 3. ability to procure needed public support services,
 - 4. appropriateness of social behavior, or
 - 5. activities of daily living.**AND,**
- D. The recipient's level of functioning has not been restored or improved and may indicate a need for clinical interventions in a natural setting if any one of the following apply:
 - 1. Being unable to remain in a family or community setting due to symptoms associated with the diagnosis, therefore being at-risk for out-of-home placement, hospitalization, and/or institutionalization.
 - 2. Presenting with intensive, verbal and limited physical aggression due to symptoms associated with diagnosis, which are sufficient to create functional problems in a community setting.
 - 3. Being at risk of exclusion from services, placement or significant community support systems as a result of functional behavioral problems associated with diagnosis.
 - 4. Requires a structured setting to monitor mental stability and symptomatology, and foster successful integration into the community through individualized interventions and activities.
 - 5. Medication administration and monitoring have alleviated limited symptoms, but other treatment interventions are needed.

Service Order Requirement

For Medicaid reimbursement, a service order must be completed by a physician prior to or on the day services are initiated.

Continuation/Utilization Review Criteria

The desired outcome or level of functioning has not been restored, improved, or sustained over the time frame outlined in the recipient's service plan or the recipient continues to be at risk for relapse based on history or the tenuous nature of the functional gains or any one of the following apply:

- A. Recipient has achieved initial service plan goals and additional goals are indicated.
- B. Recipient is making satisfactory progress toward meeting goals.
- C. Recipient is making some progress, but the service plan (specific interventions) needs to be modified so that greater gains, which are consistent with the recipient's premorbid level of functioning, are possible or can be achieved.
- D. Recipient is not making progress; the service plan must be modified to identify more effective

- interventions.
- E. Recipient is regressing; the service plan must be modified to identify more effective interventions.

And

Utilization review must be conducted every 6 months and be so documented in the service record.

Discharge Criteria

Recipient's level of functioning has improved with respect to the goals outlined in the service plan, inclusive of a transition plan to step down, or no longer benefits, or has the ability to function at this level of care and any of the following apply:

- A. Recipient has achieved goals, discharge to a lower level of care is indicated.
- B. Recipient is not making progress, or is regressing and all realistic treatment options with this modality have been exhausted.
- C. Recipient requires a more intensive level of care or service.

**Note: Any denial, reduction, suspension, or termination of service requires notification to the recipient and/or legal guardian about their appeal rights.*

Service Maintenance Criteria

If the recipient is functioning effectively with this service and discharge would otherwise be indicated, PSR should be maintained when it can be reasonably anticipated that regression is likely to occur if the service is withdrawn. The decision should be based on any one of the following:

- A. Evidence that gains will be lost in the absence of PSR is documented in the service record.

OR

- B. In the event there are epidemiologically sound expectations that symptoms will persist and that ongoing treatment interventions are needed to sustain functional gains, the presence of a DSM-IV diagnosis would necessitate a disability management approach.

**Note: Any denial, reduction, suspension, or termination of service requires notification to the recipient and/or legal guardian about their appeal rights.*

Provider Requirement and Supervision

This service is provided to outpatients in accordance with 42 CFR (Code of Federal Regulations) 440.90, by an area program that is not a part of a hospital but provides medical care to outpatients, by or under the direction of a physician. The typical staff in a PSR program includes nurses, social workers, psychologists, therapists, and other MH/SA paraprofessionals that are cost found to this service.

Documentation Requirements

Minimum documentation is a service note on a monthly basis that includes the purpose of contact, describes the provider's interventions, and the effectiveness of the interventions.

Appropriate Service Codes

Medicaid	IPRS	Pioneer	UCR-WM (CTSP)	UCR-TS (MR/MI)
Y2313	Y2313	680	N/A	680

Psychosocial Rehabilitation

Psychosocial Rehabilitation (PSR) typically follows the Fountain House model where participants are “members of a clubhouse” and are responsible for management of the program with support from staff. This service is targeted for adults and must be offered for 5 hours a day per Medicaid regulations, although a participant may attend for less than this time.

YES	NO
<p>Psychoeducational activities.</p> <p>Prevocational Work Units – Clerical Maintenance, Kitchen, Newsletter, Community Service, Snack bar, Thrift Shop. etc.</p> <p>Recreational activities when used as a strategy to meet goals.</p> <p>Education to participant and collateral about MH and SA issues, medication, wellness, etc.</p> <p>Basic educational skills development.</p> <p>Prevocational activities</p> <p>Individual and group psychotherapy</p> <p>Behavioral interventions including token/ level systems structured behavior programs, etc.</p> <p>Supportive counseling.</p> <p>Community integration activities.</p> <p>Support groups</p> <p>Modeling, positive reinforcements, redirection, de-escalation, anticipatory guidance, etc.</p> <p>Adaptive skills training in all functional domains—personal care, domestic, social, communication, leisure, problem-solving, etc.</p> <p>Family support services.</p> <p>Transporting participants to the activities when part of the program day.</p> <p>Staff support for person directed and managed activities.</p>	<p>Vocational services—Transitional Employment Placements (TEP), enclaves, supported work, VR services, etc.</p> <p>Case management functions.</p> <p>Writing treatment plans, service notes, etc.</p> <p>Staff travel time.</p> <p>Transporting recipients to and from the PSR program.</p> <p>Outreach efforts to recipients absent from the program.</p>

Quality Assurance (QA) Peer Review

Quality Assurance Peer Review Activity is an indirect service designed to review and provide feedback to service providers regarding the quality of the care provided in accordance with an area program quality assurance plan or in peer review through cross-area quality assurance reviews.

GUIDELINES:

- (1) Only direct care staff time spent in the following activities are to be reported:
 - a. local quality assurance committee meetings;
 - b. review of client records for assessment in accordance with local quality assurance plan;
 - c. direct observation of programs to assess, confirm or disconfirm the information in client records; and
 - d. review of plans and activities of another area program's quality assurance as a part of cross-area reviews.
- (2) Staff Travel to/from cross-area reviews to be reported separately.
- (3) Planning/documentation time NOT reported.

Therapeutic Relationship and Interventions

N/A

Structure of Daily Living

N/A

Cognitive and Behavioral Skill Acquisition

N/A

Service Type

This service is not Medicaid billable.

Resiliency/Environmental Intervention

N/A

Service Delivery Setting

N/A

Medical Necessity

N/A

Service Order Requirement

N/A

Continuation/Utilization Review Criteria

N/A

Discharge Criteria

N/A

Service Maintenance Criteria

N/A

Provider Requirement and Supervision

N/A

Documentation Requirements

Documentation is required in meeting minutes, reports, or a staff activity log of some kind

Appropriate Service Codes

Medicaid	IPRS	Pioneer	UCR-WM (CTSP)	UCR-TS (MR/MI)
Not Billable	YP180	180	N/A	180

Residential Supports

Residential Supports is a service definition that allows for all habilitation/support services provided on behalf of an individual in a residential setting to be delivered under one service heading and reported in an aggregate daily record.

Individual services and supports which may be included in this service are those generally understood as support or habilitation services: Such services and supports may include assistance with acquisition, retention, or improvement in skills related to activities of daily living, such as

- Personal grooming and cleanliness,
- Bed making and household chores,
- Eating and the preparation of food, and
- The social and adaptive skills necessary to enable the individual to reside in the least restrictive and most normalized community-based residential setting possible.

Services otherwise provided under the following periodic services may be provided under this code:

Personal Assistance
Community Based Service
Personal Care Services-Individual
Therapeutic Intervention/Crisis Prevention
Professional Treatment Services in Facility-Based Crisis Program
Social Inclusion - Individual

GUIDELINES

1. Payments for Residential Supports are not made for room and board, the cost of facility maintenance, upkeep and improvement, other than such costs for modifications or adaptations to a facility required to assure the health and safety of residents, or to meet the requirements of the applicable life safety code;
2. Payment for residential habilitation does not include payments made to members of the individual's immediate family;
3. Payments will not be made for the routine care and supervision which would be expected to be provided by a family or group home provider;
4. Whereas the completion of a daily record is sufficient for the purposes of billing this service definition, records of individual services provided to the individual must be maintained for the purposes of an audit accountability.

Therapeutic Relationship and Interventions

There should be a supportive therapeutic relationship between the provider and the client which addresses and/or implements interventions outlined in the service plan.

Structure of Daily Living

This service is focused on the implementation of strategies and activities in the person's service plan that support personal interaction, enhanced social roles and community membership.

Cognitive and Behavioral Skill Acquisition

This service is intended to assist individuals to live as independently as possible.

Service Type

Social Inclusion is a periodic service. This service is not billable to Medicaid.

Resiliency/Environmental Intervention
This service focuses on assisting individuals in becoming connected to naturally occurring support systems and relationships in the community to provide and enhance opportunities for meaningful community participation.
Service Delivery Setting
This service can be provided in any location.
Medical Necessity
<p>A. There is an Axis I or II diagnosis present or the person has a condition that may be defined as a developmental disability as defined in GS 122C-3 (12a)</p> <p style="text-align: center;">AND</p> <p>B. Level of Care Criteria, Level NCSNAP/ASAM</p> <p>ANDC. The recipient is experiencing difficulties in at least one of the following areas:</p> <ol style="list-style-type: none"> 1. functional impairment 2. crisis intervention/diversion/aftercare needs, and/or 3. at risk of placement outside the natural home setting. <p style="text-align: center;">AND</p> <p>D. The recipient's level of functioning has not been restored or improved and may indicate a need for clinical interventions in a natural setting if any of the following apply:</p> <ol style="list-style-type: none"> 1. At risk for out of home placement, hospitalization, and/or institutionalization due to symptoms associated with diagnosis. 2. Presents with intensive verbal, and limited physical aggression due to symptoms associated with diagnosis, which are sufficient to create functional problems in a community setting. 3. At risk of exclusion from services, placement or significant community support systems as a result of functional behavioral problems associated with the diagnosis. 4. Requires a structured setting to foster successful integration into the community through individualized interventions and activities.
Service Order Requirement
N/A
Continuation/Utilization Review Criteria
The client continues to have needs that are met by this service definition.
Discharge Criteria
<p>Consumer's level of functioning has improved with respect to the goals outlined in the service plan, or no longer benefits from this service. The decision should be based on one of the following:</p> <ol style="list-style-type: none"> 1. Consumer has achieved service plan goals, discharge to a lower level of care is indicated. 2. Consumer is not making progress, or is regressing, and all realistic treatment options within this modality have been exhausted.
Service Maintenance Criteria
<p>If the recipient is functioning effectively with this service and discharge would otherwise be indicated, Residential Supports should be maintained when it can be reasonably anticipated that regression is likely to occur if the service is withdrawn. The decision should be based on any one of the following:</p> <ol style="list-style-type: none"> 1. Evidence that gains will be lost in the absence of Residential Supports is documented in the service record. <p style="text-align: center;">OR</p> <ol style="list-style-type: none"> 2. In the event there are epidemiologically sound expectations that symptoms will persist and that ongoing treatment interventions are needed to sustain functional gains, the presence of a DSM IV

diagnosis would necessitate a disability management approach.

**Note: Any denial, reduction, suspension, or termination of service requires notification to the recipient and/or legal guardian about their appeal rights.*

Provider Requirement and Supervision

Direct care providers shall meet the competencies and supervision requirements as specified in 10 NCAC 14V .0202 and .0204.

Documentation Requirements

Documentation is required as specified in the Service Records Manual.

Appropriate Service Codes

Medicaid	IPRS	Pioneer	UCR-WM (CTSP)	UCR-TS (MR/MI)
Not Billable	YM850	N/A	N/A	850

Residential Treatment - Level I / Family Type

This service provides a structured and supervised environment, and acquisition of skills necessary to enable the consumer to improve the level of functioning to achieve or to maintain the most realistic level of independent functioning where earlier treatment gains are somewhat fragile and the consumer is subject to regression. This level of care responds to consumers needs for more active treatment and interventions. This service is offered in a family system.

The provider is not necessarily awake during sleep time, and may not be available while consumers are involved in educational, vocational, and social activities, but are present during times when the consumer's needs are most significant or not involved in another structured activity.

This service in a family setting includes the following activities:

- A. Supervision and structure of daily living designed to maximize appropriate behaviors or to maintain highest level of functioning.
- B. Specific and individualized psychoeducational and therapeutic interventions including development or maintenance of daily living skills; anger management skills; communications skills; social skills; stress management; and relationship skills.
- C. Support addressing feelings of personal culpability or self-blame; affirming the child's value and self-worth; development of skills in communication which will encourage ongoing relationships with the natural family or other identified placement providers; development of personal resources; development of goals to address self-concept, anger management, self-esteem and personal insight; or comparable activities which are targeted towards functional deficits.
- D. Involving consumers in naturally occurring community support systems and supporting the development of personal resources (assets, protective factors, etc.).

**Note: Periodic services may not be used to augment residential services.*

Therapeutic Relationship and Interventions

This service is designed to address medically necessary goals for achieving relational support with caretakers and other support systems in the community, and is intended to assist the consumer in developing more appropriate relationship skills. Therapeutic techniques and strategies are introduced into the relationship.

Structure of Daily Living

Daily living is structured to provide a therapeutically critical structure and supervision necessary to enable the consumer to achieve and sustain an improved level of functioning in order to successfully engage in treatment activities designed to achieve the highest level of independent functioning, or return the consumer to their family setting/permanent placement.

Cognitive and Behavioral Skill Acquisition

Treatment interventions are provided to ensure that the consumer acquires skills necessary to compensate for or remediate functional problems. Interventions are targeted to functional problems and based on service plan requirements and specific strategies developed during supervision.

Service Type

- ◆ Residential Treatment Level I is a 24-hour service. This service is billable to Medicaid. Service is licensed under the Division of Social Services 131-D family setting homes.

Resiliency/Environmental Intervention

This service to support the youth in gaining the skills necessary to step-down to lower level of care.

Service Delivery Setting
Family type.
Medical Necessity
<p>The consumer is eligible for this service when:</p> <ul style="list-style-type: none"> A. Medically stable, but may need assistance to comply with medical treatment. <p style="text-align: center;">AND</p> <ul style="list-style-type: none"> B. Meets Level B criteria/NC-SNAP (NC Supports/Needs Assessment Profile). <p style="text-align: center;">AND</p> <p>The consumer experiences any one of the following (may be related to the presence of moderate affective, cognitive, or behavioral problems or developmental delays/disabilities):</p> <ul style="list-style-type: none"> A. Increasing difficulty maintaining in the natural available family or lower level treatment setting as evidenced by, but not limited to: <ul style="list-style-type: none"> 1. Frequent conflict in the setting; or 2. Frequently limited acceptance of the behavioral expectations and other structure; or 3. Frequently limited involvement in support. B. Frequent verbal aggression or infrequent, moderate intensity physical aggression, which may be directed toward property or occasionally to self or others. C. Increasing functional problems in school or vocational setting or other community setting as evidenced by: <ul style="list-style-type: none"> 1. Imminent risk of failure in school or vocational setting; or 2. Frequent behavioral problems in school or vocational setting; or 3. Frequent difficulty in maintaining appropriate conduct in community settings; or 4. Consistent difficulties accepting age appropriate direction and supervision in significant areas from caretakers or family members.
Service Order Requirement
<p>Services orders for Family Type Residential Treatment Level I must be completed by a physician or a licensed psychologist prior to or on the day that services are to be provided, on the standardized service order form.</p>
Continuation/Utilization Review Criteria
<p>The desired outcome or level of functioning has not been restored, improved, or sustained over the time frame outlined in the consumer's service plan or the consumer continues to be at risk for relapse based on history or the tenuous nature of the functional gains or any one of the following apply:</p> <ul style="list-style-type: none"> A. Consumer has achieved initial service plan goals and additional goals are indicated. B. Consumer is making satisfactory progress toward meeting goals. C. Consumer is making some progress, but the service plan (specific interventions) needs to be modified so that greater gains, which are consistent with the Consumer's premorbid level of functioning, are possible or can be achieved. D. Consumer is not making progress; the service plan must be modified to identify more effective interventions. E. Consumer is regressing; the service plan must be modified to identify more effective interventions. <p>Utilization review must be conducted on a 90-day basis and so documented in the service record.</p>
Discharge Criteria
<p>The consumer shall be discharged from this level of care if any one of the following is true:</p> <ul style="list-style-type: none"> A. The level of functioning has improved with respect to the goals outlined in the service plan and can reasonably be expected to maintain these gains at a lower level of treatment. <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> B. The consumer no longer benefits from service as evidenced by absence of progress toward

service plan goals and more appropriate service(s) is available.

**Note: Any denial, reduction, suspension or termination of services requires notification to the consumer and/or legal guardian about their appeal rights.*

Service Maintenance Criteria

If the consumer is functioning effectively at this level of treatment and discharge would otherwise be indicated, this level of service should be maintained when it can be reasonably anticipated that regression is likely to occur if the service were to be withdrawn. This decision should be based on at least one of the following:

- A. There is a past history of regression in the absence of residential treatment or at a lower level of residential treatment.
- B. There are current indications that the consumer requires this residential service to maintain level of functioning as evidenced by difficulties experienced on therapeutic visits or stays in a non-treatment residential setting or in a lower level of residential treatment.
- C. In the event there are epidemiologically sound expectations that symptoms will persist and that ongoing treatment interventions are needed to sustain functional gains, the nature of the consumer's DSM-IV diagnosis necessitates a disability management approach.

**Note: Any denial, reduction, suspension or termination of services requires notification to the consumer and/or legal guardian about their appeal rights.*

Provider Requirement and Supervision

The provider must follow the minimum requirements in 131d rules.

Documentation Requirements

Must follow Medicaid and licensure documentation requirements for this level of service.

Appropriate Service Codes

Medicaid	IPRS	Pioneer	UCR-WM (CTSP)	UCR –TS (MR/MI)
Y2347	N/A	N/A	N/A	N/A

Family Type Residential Treatment Services –Level I

Family Type Residential Treatment is a service targeted to children under age 21 which offers a low to moderate structured and supervised environment in a family setting, excluding room and board. This service provides the following activities under its core program:

YES	NO
Minimal staff support/supervision for person directed and managed activities in all identified need areas, e.g. financial, health, self help, vocational, educational, social, and medical planning.	Activities provided by Medicaid funded residential programs – Acute Hospitalization, ICF-MR, Rehabilitation Facilities, and Nursing Facilities for Medically Fragile Children, etc.
Minimal assistance with adaptive skill training in all functional domains.	Child Care Facilities which can not meet MH Licensure and Standards.
Mentoring.	Foster Care.
Behavioral Interventions for mildly disruptive behaviors – redirection, token/level systems, contracts, and structured behavioral plans.	Run-Away Shelters.
Minimal assistance with Community Integration Activities.	Respite Providers.
Modeling, positive reinforcement, redirection, and verbal de-escalation, etc.	Summer Recreation Camps.
Minimal assistance with psychoeducational activities including the development and maintenance of daily living skills, anger management, social skills, family living skills, communication skills, and stress management, etc.	Periodic services may not be used to augment residential services.

Residential Treatment - Level II / Family/Program Type

This level of service is responsive to the need for intensive, interactive, therapeutic interventions, which still fall below the level of staff secure/24-hour supervision or secure treatment settings. The staffing structure may include family and program type settings.

Family Type

The provider is not necessarily awake during sleep time but must be constantly available to respond to a consumer's needs, while consumers are involved in educational, vocational, social and/or other activities, except for periods of planned respite.

Program Type

The staff is not necessarily awake during sleep time, but must be constantly available to respond to a consumer's needs, while consumers are involved in educational, vocational, social or other activities, except for periods of planned respite.

Program Type and Family Type Activities

This service in the family or program settings includes Family Type Treatment Level I elements and the following activities:

- A. Individualized and intensive supervision and structure of daily living designed to minimize the occurrence of behaviors related to functional deficits to ensure safety during the presentation of out-of-control behaviors, or to maintain optimum level of functioning.
- B. Specific and individualized psychoeducational and therapeutic interventions including;
 - 1. development or maintenance of daily living skills;
 - 2. anger management;
 - 3. social skills;
 - 4. family living skills;
 - 5. communication skills;
 - 6. stress management;
 - 7. relationship support; or
 - 8. comparable activity, and
 - 9. intensive crisis or near crisis management including de-escalation interventions and occasional physical restraints.
- C. Direct and active intervention in assisting consumers in the process of being involved in and maintaining in naturally occurring community support systems and supporting the development of personal resources (assets, protective factors, etc).

**Note: Periodic services may not be used to augment residential services.*

Therapeutic Relationship and Interventions

This treatment provides all Family Type Residential Treatment Level I elements plus provision of a more intensive corrective relationship in which therapeutic interactions are dominant. Focus is broadened to include assisting the consumer in improving relationships at school, work and/or other community settings.

Structure of Daily Living

Daily living is structured to provide all elements of Family/Program Type Residential Treatment Level I with a higher level of structure and supervision.

Cognitive and Behavioral skill Acquisition
Treatment provides all Family/Program Type Residential Treatment Level I elements with a complete emphasis on individualized interventions for specific skill acquisition that enable the consumer to achieve or maintain the highest level of independent functioning.
Service Type
<ul style="list-style-type: none"> ◆ Residential Treatment Level II is a 24-hour service. This service is billable to Medicaid. ◆ Family Type: This service is licensed under the Division of Social Services 131-D family setting homes. ◆ Program Type: This service is licensed under the Division of Facility Services 122-C for residential treatment.
Resiliency/Environmental Intervention
This service is to support the youth in gaining the skills necessary to step-down to lower level of care.
Service Delivery Setting
Family type and Group home
Medical Necessity
<p>In addition to meeting Family Type Residential Treatment Level I medical necessity criteria, the consumer is eligible for this service when:</p> <ul style="list-style-type: none"> A. Medically stable, but may need some intervention to comply with medical treatment. <p style="text-align: center;">AND</p> <ul style="list-style-type: none"> B. Meets Level C criteria/NC-SNAP (NC Supports/Needs Assessment Profile). <p style="text-align: center;">AND</p> <p>The consumer's needs cannot be met with Family Type Residential Treatment Level I services.</p> <p style="text-align: center;">AND</p> <p>The consumer is experiencing any one of the following (may be related to the presence of moderate to severe affective, cognitive, or behavioral problems or developmental delays/disabilities):</p> <ul style="list-style-type: none"> A. Moderate to severe difficulty maintaining in the naturally available family or lower level treatment setting as evidenced by, but not limited to: <ul style="list-style-type: none"> 1. severe conflict in the setting; or 2. severely limited acceptance of behavioral expectations and other structure; or 3. severely limited involvement in support; or 4. impaired ability to form trusting relationships with caretakers; or 5. limited ability to consider the effect of inappropriate personal conduct on others. B. Frequent and severely disruptive verbal aggression and/or frequent and moderate property damage and/or occasional, moderate aggression toward self and/or others. C. Moderate to severe functional problems in school or vocational setting or other community setting as evidenced by: <ul style="list-style-type: none"> 1. failure in school or vocational setting; or 2. frequent and disruptive behavioral problems in school or vocational setting; or 3. frequent and disruptive difficulty in maintaining appropriate conduct in community setting; or 4. pervasive inability to accept age appropriate direction and supervision, in significant areas, from caretakers or family members. D. Medication administration and monitoring have alleviated some symptoms, but other treatment interventions are needed to control moderate symptoms. E. Limitations in ability to independently access or participate in other human services and requires active support and supervision to stay involved in other services. F. Deficits in ability to manage personal health, welfare, and safety without intense support and supervision. G. For consumers identified with or at risk for inappropriate sexual behavior: <ul style="list-style-type: none"> 1. at least one incident of inappropriate sexual behavior and the risk for offending/re-offending

- is low to moderate; or
- 2. low to moderate risk for sexual victimizing; or
- 3. deficits that put the community at risk unless specifically treated for sexual aggression problems.
- 4. A Sex Offender Specific Evaluation (SOSE) shall be provided by a trained professional and a level of risk shall be established (low, moderate, high) using the Risk Checklist for Sexual Offenders, the Juvenile Sexual Offender Decision Criteria, and a Checklist for Risk Assessment of Adolescent Sex Offenders.

Service Order Requirement

Services orders for Family/Program Type Residential Treatment Level II must be completed by a physician or a licensed psychologist prior to or on the day that services are to be provided, on the standardized service order form.

Continuation/Utilization Review Criteria

The desired outcome or level of functioning has not been restored, improved, or sustained over the time frame outlined in the consumer's service plan or the consumer continues to be at risk for relapse based on history or the tenuous nature of the functional gains or any one of the following apply:

- A. Consumer has achieved initial service plan goals and additional goals are indicated.
- B. Consumer is making satisfactory progress toward meeting goals.
- C. Consumer is making some progress, but the service plan (specific interventions) needs to be modified so that greater gains, which are consistent with the consumer's premorbid level of functioning, are possible or can be achieved.
- D. Consumer is not making progress; the service plan must be modified to identify more effective interventions.
- E. Consumer is regressing; the service plan must be modified to identify more effective interventions.

And

Utilization review must be conducted at a minimum of every 30 days by the directly enrolled provider and so documented in the service record (after the area program assesses the consumer and authorizes the first 120 days).

Discharge Criteria

The consumer shall be discharged from this level of care if any one of the following is true:

- A. The level of functioning has improved with respect to the goals outlined in the service plan and the consumer can reasonably be expected to maintain these gains at a lower level of treatment.

OR

- B. The consumer no longer benefits from service as evidenced by absence of progress toward service plan goals and more appropriate service(s) is available.

OR

- C. Discharge or step-down services can be considered when in a less restrictive environment, the safety of the consumer around sexual behavior, and the safety of the community can reasonably be assured.

**Note: Any denial, reduction, suspension or termination of services requires notification to the consumer and/or legal guardian about their appeal rights.*

Service Maintenance Criteria

If the consumer is functioning effectively at this level of treatment and discharge would otherwise be indicated, this level of service should be maintained when it can be reasonably anticipated that regression is likely to occur if the service were to be withdrawn. This decision should be based on at least one of the following:

- A. There is a past history of regression in the absence of residential treatment or a lower level of residential treatment.
- B. There are current indications that the consumer requires this residential service to maintain level of functioning as evidenced by difficulties experienced on therapeutic visits or stays in a non-treatment residential setting or in a lower level of residential treatment.
- C. In the event there are epidemiologically sound expectations that symptoms will persist and that ongoing treatment interventions are needed to sustain functional gains, the nature of the consumer's DSM-IV diagnosis necessitates a disability management approach.

**Note: Any denial, reduction, suspension or termination of services requires notification to the consumer and/or legal guardian about their appeal rights*

Provider Requirement and Supervision

Staffing

- A. **Family Type.** This treatment may be provided in a natural family setting with one or two surrogate family members providing services to one or two consumers per home.
- B. **Program Type.**
 - 1. Treatment is provided in a structured program setting with qualified staff.
 - 2. Staff is present and available at all times of the day.
 - 3. A minimum of one staff is required per four consumers at all times.

Provider Requirements – Family Type

The provider must follow the minimum requirements in 131D rules.

Provider Requirements – Program Type

The provider must follow minimum requirements in 122C rules, including:

- A. Skills and competencies of this service provider must be at a level that offers psychoeducational and relational support, behavioral modeling of interventions, and supervision. These preplanned, therapeutically structured interventions occur as required and outlined in the consumer's service plan.
- B. Must meet requirements established by state personnel system or equivalent for job classifications. Supervision provided by a qualified professional as stated in 10 NCAC 14V rules regarding Professionals and Paraprofessionals.
- C. Sex Offender Specific Service Provision: In addition to the above, when the consumer requires sex offender specific treatment, as outlined in their treatment plan, special training of the caregiver is required in all aspects of sex offender specific treatment. Implementation of therapeutic gains is to be the goal of the placement setting.

AND

Supervision is provided by a qualified professional with sex offender-specific treatment expertise and is available for a total of at least 60 minutes per week. On-call and back-up plan with a qualified professional is also available.

Documentation Requirements				
Family and Program Type must follow Medicaid and licensure documentation requirements for this level of service.				
Appropriate Service Codes				
Medicaid	IPRS	Pioneer	UCR-WM (CTSP)	UCR –TS (MR/MI)
Family Type (Therapeutic Foster Care): Y2362	Y2362	702	217	N/A
Program Type (Group Home): Y2363	Y2363	702	220	N/A
Room & Board (Age 5 or less)	YA235		235	
Room and Board (Age 6 – 12)	YA236		236	
Room & Board (Age 13 or more)	YA237		237	

Family/Program Residential Treatment Services –Level II

The Family/Program Residential Treatment Services is a service targeted to children under age 21 which offers a moderate to high structured and supervised environment in a family or program type setting, excluding room and board. This service provides the following activities under its core program:

YES	NO
<p>Direct staff support/supervision for person directed and managed activities in all identified need areas, e.g. financial, health, self help, vocational, educational, social, and medical, etc.</p> <p>Direct assistance with adaptive skills training in all functional domains.</p> <p>Mentoring.</p> <p>Behavioral Interventions for mildly disruptive behaviors – redirection, token/level systems, contracts, structured behavior programming, protective devices, and de-escalation techniques, etc.</p> <p>Direct assistance with community integration activities.</p> <p>Interventions that support modeling, positive reinforcement, redirection, guidance, etc. to the consumer.</p> <p>Direct assistance with psychoeducational activities including the development and maintenance of daily living skills, anger management, social skills, family living skills, communication skills, and stress management, etc.</p> <p>Structured interventions in all identified need areas.</p>	<p>Activities provided by Medicaid funded residential programs – Acute Hospitalization, ICF-MR, Rehabilitation Facilities, and Nursing Facilities for Medically Fragile Children, etc.</p> <p>Child Care Facilities which can not meet MH Licensure and Standards.</p> <p>Foster Care.</p> <p>Run-Away Shelters.</p> <p>Respite Providers.</p> <p>Summer Recreation Camps.</p> <p>Periodic services may not be used to augment residential services.</p>

Residential Treatment Level III

Residential Treatment Level III service is responsive to the need for intensive, active therapeutic intervention, which requires a staff secure treatment setting in order to be successfully implemented. This setting has a higher level of consultative and direct service from psychologists, psychiatrists, medical professionals, etc.

Staff are awake during sleep hours and supervision is continuous.

This service includes all Family/Program Residential Treatment elements and the following activities:

1. Individualized, intensive, and constant supervision and structure of daily living designed to minimize the occurrence of behaviors related to functional deficits, to ensure safety and contain out-of-control behaviors including intensive and frequent crisis management with or without physical restraint or to maintain optimum level of functioning.
2. Includes active efforts to contain and actively confront inappropriate behaviors and assist consumers in unlearning maladaptive behaviors. Includes relationship support to assist the consumer in managing the stress and discomfort associated with the process of change and maintenance of gains achieved earlier and specifically planned and implemented therapeutically focused interactions designed to assist the consumer in correcting various patterns of grossly inappropriate interpersonal behavior, as needed. Additionally, providers require significant skill in maintaining positive relationship in interpersonal dynamics, which typically provoke rejection, hostility, anger, and avoidance.

Treatment is provided in a structured program setting with staff employed by, or contracted by, an Area Program/Local Management Entity. Staff is present and available at all times of the day, including overnight awake. A minimum of one staff is required per four consumers at all times. Additionally, consultative and treatment services at a qualified professional level shall be available no less than four hours per week. This staff time may be contributed by a variety of individuals. For example, a social worker may conduct group treatment or activity; a psychologist may consult on behavioral management; or, a psychiatrist may provide evaluation and treatment services. These services must be provided at the facility site. Group therapy or activity time may be included as total time per consumer (i.e., if there are six members in a group for 90 minutes, this may be counted as 90 minutes per consumer).

**Note: Periodic services may not be used to augment residential services.*

Therapeutic Relationship and Interventions

This service provides all Family/Program Type Residential Treatment elements plus relationship which is structured to remain therapeutically positive in response to grossly inappropriate and provocative interpersonal consumer behaviors including verbal and some physical aggression.

Structure of Daily Living

Daily living is structured to provide all elements of Family/Program Type Residential Treatment plus intensified structure, supervision, and containment of frequent and highly inappropriate behavior. This setting is typically defined as being "staff secure."

Cognitive and Behavioral Skill Acquisition

Treatment provides all Family/Program Type Residential Treatment elements plus active "unlearning" of grossly inappropriate behaviors with intensive skill acquisition. Includes specialized, onsite interventions from qualified professionals.

Service Type
Residential Treatment Level III is a 24-hour service. This service is billable to Medicaid. Service and is licensed under 122-C.
Resiliency/Environmental Intervention
This service is to support the youth in gaining the skills necessary to step down to a lower level of care.
Service Delivery Setting
Program/Group Home type.
Medical Necessity
<p>The consumer is eligible for this service when:</p> <ol style="list-style-type: none"> 1. Consumer is medically stable but may need significant intervention to comply with medical treatment. 2. Meets Levels D criteria/NCSNAP. <p style="text-align: center;">AND</p> <p>The consumer's identified needs cannot be met with Family/Program Residential Treatment service.</p> <p style="text-align: center;">AND</p> <p>The consumer is experiencing any of the following (may be related to the presence of severe affective, cognitive, or behavioral problems or developmental delays/disabilities):</p> <ol style="list-style-type: none"> 1. Severe difficulty maintaining in the naturally available family setting or lower level treatment setting as evidenced by, but not limited to <ul style="list-style-type: none"> ▪ frequent and severe conflict in the setting; or ▪ frequently and severely limited acceptance of behavioral expectations and other structure; or ▪ frequently and severely limited involvement in support or impaired ability to form trusting relationships with caretakers; or ▪ a pervasive and severe inability to form trusting relationships with caretakers or family members; or ▪ an inability to consider the effect of inappropriate personal conduct on others. 2. Frequent physical aggression including severe property damage or moderate to severe aggression toward self or others. 3. Severe functional problems in school or vocational setting or other community setting as evidenced by: <ul style="list-style-type: none"> ▪ failure in school or vocational setting because of frequent and severely disruptive behavioral problems in school or vocational setting; or ▪ frequent and severely disruptive difficulty in maintaining appropriate conduct in community settings; or ▪ severe and pervasive inability to accept age appropriate direction and supervision from caretakers or family members coupled with involvement in potentially life-threatening, high-risk behaviors. 4. Medication administration and monitoring has alleviated some symptoms but other treatment interventions are needed to control severe symptoms. 5. Experiences significant limitations in ability to independently access or participate in other human services and requires intensive, active support and supervision to stay involved in other services. 6. Has significant deficits in ability to manage personal health, welfare, and safety without intense support and supervision. 7. For consumers identified with or at risk for inappropriate sexual behavior: <ul style="list-style-type: none"> ▪ The parent/caregiver is unable to provide the supervision of the sex offender required for community safety. ▪ Moderate to high risk for re-offending.

- Moderate to high risk for sexually victimizing others.
- Deficits that put the community at risk for victimization unless specifically treated for sexual aggression problems.
- A Sex Offender Specific Evaluation (SOSE) shall be provided by a trained professional and a level of risk shall be established (low, moderate, high) using the Risk Checklist for Sexual Offenders, the Juvenile Sexual Offender Decision Criteria, and a Checklist for Risk Assessment of Adolescent Sex Offenders.

Service Order Requirement

For Medicaid reimbursement, a service order for Residential Treatment Level III must be completed by a physician or a licensed psychologist prior to or on the day that services are to be provided, on the standardized service order form.

Continuation/Utilization Review Criteria

The desired behavior or level of functioning has not been restored, improved, or sustained over the timeframe outlined in the client's service plan; or the client continues to be at risk for relapse based on history or the tenuous nature of functional gains or any one of the following apply:

- Consumer has achieved initial service plan goals and additional goals are indicated.
- Consumer is making satisfactory progress toward meeting goals.
- Consumer is making some progress but the service plan (specific interventions) should be modified to determine if greater gains are possible.
- Consumer is not making progress; the service plan must be modified to identify more effective interventions.
- Consumer is regressing; the service plan must be modified to identify more effective interventions.

AND

Utilization review must be conducted by the area program and be documented in the service record. The area mental health program is responsible for the admission and the initial length of stay up to 120 days and may give authorization(s) in increments of time up to the 120 days. The area mental health program is not permitted to authorize Level III residential treatment beyond the initial 120 days. After that time, the Medicaid contractor is responsible for doing utilization review at a minimum of every 30 days.

Discharge Criteria

The consumer shall be discharged from this level of care if any one of the following is true:

- The level of functioning has improved with respect to the goals outlined in the service plan and can reasonably be expected to maintain these gains at a lower level of treatment.

OR

- The consumer no longer benefits from service as evidenced by absence of progress toward service plan goals and more appropriate service(s) is available.

OR

- Discharge or step-down services can be considered when in a less restrictive environment and the safety of the consumer around sexual behavior and the safety of the community can reasonably be assured.

**Note: Any denial, reduction, suspension or termination of services requires notification to the consumer about their appeal rights.*

Service Maintenance Criteria

If consumer is functioning effectively at this level of treatment and discharge would otherwise be indicated, this level of service should be maintained when it can be reasonably anticipated that

regression is likely to occur if the service were to be withdrawn. This decision should be based on at least one of the following:

1. There is a past history of regression in the absence of residential treatment or a lower level of residential treatment.
2. There are current indications that consumer requires this residential service to maintain level of functioning as evidenced by difficulties experienced on therapeutic visits or stays in a non-treatment residential setting or in a lower level of residential treatment.
3. In the event there are epidemiologically sound expectations that symptoms will persist and that ongoing treatment interventions are needed to sustain functional gains, the nature of the consumer's DSM-IV diagnosis necessitates a disability management approach.

**Note: Any denial, reduction, suspension or termination of services requires notification to the consumer about their appeal rights.*

Provider Requirement and Supervision

The minimal requirements are a high school diploma or GED, associate degree with one year of experience or a four-year degree in the human service, or a combination of experience, skills, and competencies that is equivalent, plus:

- A. Skills and competencies of this service provider must be at a level that offers psychoeducational and relational support, behavioral modeling of interventions, and supervision. These preplanned, therapeutically structured interventions occur as required and outlined in the consumer's service plan.
- B. Must meet requirements established by state personnel system or equivalent for job classifications. Supervision provided by a qualified professional as stated in 10 NCAC 14V rules regarding Professionals and Paraprofessionals.
- C. Sex Offender Specific Service Provision: In addition to the above, when the consumer requires sex offender specific treatment, as outlined in their treatment plan, special training of the caregiver is required in all aspects of sex offender specific treatment. Implementation of therapeutic gains is to be the goal of the placement setting.

AND

Supervision is provided by a qualified professional with sex offender-specific treatment expertise and is available per shift.

Documentation Requirements

Must follow licensure documentation requirements which include shift notes for Medicaid reimbursement.

Sex Offender Specific Service Provision: Documentation includes the specific goals of sex offender treatment as supported and carried out through the therapeutic milieu and interventions outlined in the service plan.

Appropriate Service Codes

Medicaid	IPRS	Pioneer	UCR-WM (CTSP)	UCR-TS (MR/MI)
Y2348: 1-4 beds	Y2348	703	226	N/A
Room & Board	YA232		232	
Y2349: 5+ beds	Y2349	703	227	
Room & Board	YA233		233	

Residential Treatment-Level III

The Residential Treatment-Level III is a service targeted to children under age 21 which offers a highly structured and supervised environment in a program setting only, excluding room and board. This service provides the following activities under its core program:

YES	NO
<p>Staff secure and structured therapeutic environment designed to maximize the opportunity to improve the consumer's level of functioning.</p> <p>Immediate staff support/supervision for consumer directed and managed activities in all identified need areas.</p> <p>Mentoring.</p> <p>Direct assistance with adaptive skills training.</p> <p>Behavioral Interventions – programmatic structure with specific interventions to address the most complex behavioral and/or substance abuse treatment needs, e.g. (house rules)</p> <p>Directed/Supervised community integration activities.</p> <p>Modeling, positive reinforcement, redirection, de-escalation, guidance, etc. through staff/consumer/peer interactions.</p> <p>Supervised recreational activities when used as a strategy to meet clinical goals.</p> <p>Directed/supervised psychoeducational activities including the development and maintenance of daily living, anger management, social, family living, communication, and stress management skills, etc.</p> <p>Consultation from psychiatrist/psychologist on a monthly basis.</p>	<p>Activities provided by Medicaid funded residential programs – Acute Hospitalization, ICF-MR, Rehabilitation Facilities, and Nursing Facilities for Medically Fragile Children, etc.</p> <p>Child Care Facilities which can not meet MH Licensure and Standards.</p> <p>Foster Care.</p> <p>Run Away Shelters.</p> <p>Respite Providers.</p> <p>Summer Recreation Camps.</p> <p>Periodic services may not be used to augment residential services.</p>

Residential Treatment Level IV

Residential Treatment Level IV service provides school, psychological and psychiatric consultation, nurse practitioner services, vocational training, recreational activity, and other relevant services in the context of residential treatment. Typically the treatment needs of consumers at this level are so extreme that these activities can only be undertaken in a therapeutic context. This service provides intensive focus in helping consumers acquire disability management skills. There are typically significantly increased on-site interventions from qualified professionals including psychologists and physicians. These services are conducted in a manner that is fully integrated into ongoing treatment.

Staff is awake during sleep hours and supervision is continuous.

This service includes all Residential Treatment Level III elements plus the following activities:

- A. Medically supervised secure treatment including physical restraints and containment in time-out room. Locked and secure to ensure safety for consumers who are involved in a wide range of dangerous behaviors which are manageable outside of the hospital setting. Locked time out rooms are used only for the safe management of out of control behaviors.
- B. Continual and intensive interventions designed to assist the consumer in acquiring control over acute behaviors.
- C. This service is to support the youth in gaining the skills necessary to step down to a lower level of care.

Residential Treatment Level IV is provided in a structured program setting with staff employed by, or contracted by, an Area Program/Local Management Entity. Staff is present and available at all times of the day, including overnight awake. A minimum of two direct care staff are required per six consumers at all times. Additionally, consultative and treatment services at a qualified professional level shall be available no less than eight hours per week. Staffing provisions apply as with Residential Treatment Level III.

**Note: Periodic services may not be used to augment residential services.*

Service Type/Setting

Residential Treatment Level IV is a 24-hour day/night service. It is provided in a facility program type setting. This service is billable to Medicaid.

Service Order Requirement

For Medicaid reimbursement, a service order for Residential Treatment Level IV must be completed by a physician or a licensed psychologist prior to or on the day that services are to be provided, on the standardized service order form.

Medical Necessity

The consumer is eligible for this service when:

- 1. Consumer is medically stable but may need significant intervention to comply with medical treatment.
 - 2. Meets Levels D criteria/NCSNAP.
- AND**
- 3. The consumer's identified needs cannot be met with Residential Treatment Level III service.
- AND**

The consumer is experiencing any of the following (may be related to the presence of severe affective, cognitive, or behavioral problems or developmental delays/disabilities):

4. Severe difficulty maintaining in the naturally available family setting or lower level treatment setting as evidenced by, but not limited to
 - A. frequent and severe conflict in the setting; or
 - B. frequently and severely limited acceptance of behavioral expectations and other structure; or
 - C. frequently and severely limited involvement in support or impaired ability to form trusting relationships with caretakers; or
 - D. a pervasive and severe inability to form trusting relationships with caretakers or family members; or
 - E. an inability to consider the effect of inappropriate personal conduct on others.
5. Frequent physical aggression including severe property damage or moderate to severe aggression toward self or others.
6. Severe functional problems in school or vocational setting or other community setting as evidenced by:
 - A. failure in school or vocational setting because of frequent and severely disruptive behavioral problems in school or vocational setting; or
 - B. frequent and severely disruptive difficulty in maintaining appropriate conduct in community settings; or
 - C. severe and pervasive inability to accept age appropriate direction and supervision from caretakers or family members coupled with involvement in potentially life-threatening, high-risk behaviors.
7. Medication administration and monitoring has alleviated some symptoms but other treatment interventions are needed to control severe symptoms.
8. Experiences significant limitations in ability to independently access or participate in other human services and requires intensive, active support and supervision to stay involved in other services.
9. Has significant deficits in ability to manage personal health, welfare, and safety without intense support and supervision.
10. For consumers identified with or at risk for inappropriate sexual behavior:
 - A. The parent/caregiver is unable to provide the supervision of the sex offender required for community safety.
 - B. Moderate to high risk for re-offending.
 - C. Moderate to high risk for sexually victimizing others.
 - D. Deficits that put the community at risk for victimization unless specifically treated for sexual aggression problems.
 - E. A Sex Offender Specific Evaluation (SOSE) shall be provided by a trained professional and a level of risk shall be established (low, moderate, high) using the Risk Checklist for Sexual Offenders, the Juvenile Sexual Offender Decision Criteria, and a Checklist for Risk Assessment of Adolescent Sex Offenders.

Continuation/Utilization Review Criteria

- The desired behavior or level of functioning has not been restored, improved, or sustained over the timeframe outlined in the client's service plan; or the client continues to be at risk for relapse based on history or the tenuous nature of functional gains or any one of the following apply:
- A. Consumer has achieved initial service plan goals and additional goals are indicated.
 - B. Consumer is making satisfactory progress toward meeting goals.
 - C. Consumer is making some progress but the service plan (specific interventions) should be modified to determine if greater gains are possible.
 - D. Consumer is not making progress; the service plan must be modified to identify more effective interventions.
 - E. Consumer is regressing; the service plan must be modified to identify more effective interventions.

AND

Utilization review must be conducted by the area program and be documented in the service record. The area mental health program is responsible for the admission and the initial length of stay up to 30 days. The area mental health program is not permitted to authorize Level IV residential treatment beyond the initial 30 days. After that time, the Medicaid contractor is responsible for doing utilization review at a minimum of every 30 days.

Discharge Criteria

The consumer shall be discharged from this level of care if any one of the following is true:

A. The level of functioning has improved with respect to the goals outlined in the service plan and can reasonably be expected to maintain these gains at a lower level of treatment.

OR

B. The consumer no longer benefits from service as evidenced by absence of progress toward service plan goals and more appropriate service(s) is available.

OR

C. Discharge or step-down services can be considered when in a less restrictive environment and the safety of the consumer around sexual behavior and the safety of the community can reasonably be assured.

**Note: Any denial, reduction, suspension or termination of services requires notification to the consumer about their appeal rights.*

Service Maintenance Criteria

If consumer is functioning effectively at this level of treatment and discharge would otherwise be indicated, this level of service should be maintained when it can be reasonably anticipated that regression is likely to occur if the service were to be withdrawn. This decision should be based on at least one of the following:

1. There is a past history of regression in the absence of residential treatment or a lower level of residential treatment.
2. There are current indications that consumer requires this residential service to maintain level of functioning as evidenced by difficulties experienced on therapeutic visits or stays in a non-treatment residential setting or in a lower level of residential treatment.
3. In the event there are epidemiologically sound expectations that symptoms will persist and that ongoing treatment interventions are needed to sustain functional gains, the nature of the consumer's DSM-IV diagnosis necessitates a disability management approach.

**Note: Any denial, reduction, suspension or termination of services requires notification to the consumer about their appeal rights.*

Provider Requirement and Supervision

The minimal requirements are a high school diploma or GED, associate degree with one year of experience or a four-year degree in the human service, or a combination of experience, skills, and competencies that is equivalent, plus:

- A. Skills and competencies of this service provider must be at a level that include structured interventions in a contained setting to assist consumer in acquiring control over acute behaviors.
- B. Must meet requirements established by state personnel system or equivalent for job classifications. Supervision provided by a qualified professional as stated in 10 NCAC 14V rules regarding Professionals and Paraprofessionals.
- C. Sex Offender Specific Service Provision: In addition to the above, when the consumer requires sex offender specific treatment, as outlined in their treatment plan, special training of the caregiver is required in all aspects of sex offender specific treatment. Implementation of therapeutic gains is to be the goal of the placement setting.

<p style="text-align: center;">AND</p> <p>Supervision provided by a Qualified Professional with sex offender specific expertise is on-site per shift.</p>				
Documentation Requirements				
<p>Must follow licensure documentation requirements which include shift notes for Medicaid reimbursement.</p> <p>Sex Offender Specific Service Provision: Documentation includes the specific goals of sex offender treatment as supported and carried out through the therapeutic milieu and interventions outlined in the service plan.</p>				
Appropriate Service Codes				
Medicaid	IPRS	Pioneer	UCR-WM (CTSP)	UCR-TS (MR/MI)
Y2360: 1-4 Beds	Y2360	704	228	N/A
Room & Board	YA237		237	
Y2361: 5+ Beds	Y2361	704	229	
Room & Board	YA238		238	

Residential Treatment Level IV-Secure

The Residential Treatment Level IV-Secure is a service targeted to children under age 21 which offers a physically secure, locked environment in a program setting only, excluding room and board. This service provides the following activities under its core program:

YES	NO
<p>Medically supervised secure treatment interventions, which may include time out room, passive restraints, etc.</p> <p>Structured programming/ intervention to assist consumer in acquiring control over acute behaviors, verbal aggression, depression, PTSD, etc.</p> <p>Onsite consultation and supervision by psychologist and/or/ psychiatrists.</p>	<p>Activities provided by Medicaid funded residential programs—Acute Hospitalization, ICF-MR, Rehabilitation Facilities, and Nursing Facilities for Medically Fragile Children, etc.</p> <p>Child Care Facilities which can not meet MH Licensure and Standards.</p> <p>Foster Care.</p> <p>Run Away Shelters Respite Providers</p> <p>Summer Recreation Camps</p> <p>Periodic services may not be used to augment residential services.</p>

Respite – Community – CMSED (YA213)
This service is provided to youths' families or custodians who need periodic relief from the constant and often stressful care of the youth. Respite/short-term residential services may be provided in either a planned or an emergency basis. While in respite/short-term residential care, a youth receives care that addresses the health, nutrition and daily living needs of the child. Respite/short-term residential services may be provided according to a variety of models. These may include, weekend care, emergency care, or continuous care up to 30 days.
Therapeutic Relationship and Interventions
The respite provider addresses the health, nutrition, and daily living needs of the child.
Structure of Daily Living
Community Respite provides for the health, nutrition, and daily living needs of the child.
Cognitive and Behavioral Skill Acquisition
N/A
Service Type
This is a 24-hour service. This service is not Medicaid billable.
Resiliency/Environmental Intervention
This service is to support the youth and the family in their residential placement.
Service Delivery Setting
This service may be provided in a variety of locations, including homes or facilities, according to licensure requirements noted under Provider Requirements.
Medical Necessity
<p>A recipient is eligible for this service when:</p> <p>A. There is an Axis I or II diagnosis or the person has a condition that may be defined as a developmental disability as defined in GS 122C-3 (12a)</p> <p>,</p> <p style="text-align: center;">AND,</p> <p>B. Level of Care Criteria Level D is met.</p>
Service Order Requirement
N/A
Continuation/Utilization Review Criteria
N/A
Discharge Criteria
Service plan goals achieved.
Service Maintenance Criteria
N/A
Provider Requirement and Supervision
Providers must meet standards of 10 NCAC 14V.5100 Community Respite Services for All Disability Groups <i>or</i> standards of their 131d or 122c residential license. Respite services may be provided by: (a) homes/facilities licensed to provide therapeutic residential services under 122c or 131D, (b) homes licensed to provide respite under .5100, and (c) homes not licensed, but allowed to provide respite under the constraints outlined in the NC Administrative Rule

14V.5101:

10 NCAC 14V .5101(b): Private home respite services serving individuals are subject to licensure under G.S. 122C, Article 2 when:

- (1) *more than two individuals are served concurrently; or*
- (2) either one or two children, two adults, or any combination thereof are served for a cumulative period of time exceeding 240 hours per calendar month.

Documentation Requirements

Minimum documentation is a daily service note that describes the purpose of contact, and any provider interventions.

Appropriate Service Codes

Medicaid	IPRS	Pioneer	UCR-WM (CTSP)	UCR-TS (MR/MI)
Not Billable	YA213	N/A	213	N/A

Respite – Community (YP730)				
<p>Community Respite is a 24-hour service which provides periodic relief for a family or family substitute on a temporary basis. Community Respite <i>may</i> include relief service for some clients for less than 24 hours in the same facility in which 24-hour respite is provided.</p> <p>A respite service is to be counted as Community Respite if the service is provided on an overnight basis. Respite provided for less than 24-hours, when provided in a 24-hour facility, is to be reported as fractions of a 24-hour period. Hourly respite should be reported when a partial day respite service is provided in a non-24-Hour facility.</p>				
Therapeutic Relationship and Interventions				
The respite provider addresses the health, nutrition, and daily living needs of the client.				
Structure of Daily Living				
N/A				
Cognitive and Behavioral Skill Acquisition				
N/A				
Service Type				
This is a 24-hour service. This service is not Medicaid billable.				
Resiliency/Environmental Intervention				
This service provides periodic relief for a family or family substitute on a temporary basis.				
Service Delivery Setting				
Community Respite may be provided in a variety of locations, including a licensed residential facility or in a private home.				
Medical Necessity				
N/A				
Service Order Requirement				
N/A				
Continuation/Utilization Review Criteria				
Caregiver continues to needs this service to provide periodic relieve.				
Discharge Criteria				
N/A				
Service Maintenance Criteria				
N/A				
Provider Requirement and Supervision				
Paraprofessional level person who meets the requirements specified for paraprofessional status according to 10 NCAC 14V. Supervision of paraprofessionals is also to be carried out according to 10 NCAC 14V. Licensed facilities must meet the requirements as cited in 10 NCAC 14V .5100.				
Documentation Requirements				
Documentation in the client record is required.				
Appropriate Service Codes				
Medicaid	IPRS	Pioneer	UCR-WM (CTSP)	UCR-TS (MR/MI)
Not Billable	YP730	730	N/A	730

Respite - Hourly – CMSED (YA125)
This service is to give youths' families or custodians periodic short term relief from the constant and often stressful care of the youth. Respite/hourly services may be provided in either a planned or an emergency basis. The respite provider provides care that addresses the health, nutrition and daily living needs of the child. Hourly respite may be used up to eight hours. When more than 8 hours is used for Respite, the entire service must be billed to the Community Respite (213).
Therapeutic Relationship and Interventions
The respite provider addresses the health, nutrition, and daily living needs of the child.
Structure of Daily Living
Hourly respite may be provided in or out of the therapeutic home setting.
Cognitive and Behavioral Skill Acquisition
N/A
Service Type
This is an hourly service that may be used up to eight hours, after which Community Respite is to be billed for the entire service. This service is not Medicaid billable.
Resiliency/Environmental Intervention
This service is to support the youth and the family in their residential placement.
Service Delivery Setting
This service may be provided in a variety of locations, including homes or facilities, according to licensure requirements noted under Provider Requirements.
Medical Necessity
A recipient is eligible for this service when: A. There is an Axis I or II diagnosis or the person has a condition that may be defined as a developmental disability as defined in GS 122C-3 (12a) <p style="text-align: center;">AND,</p> B. Level of Care Criteria Level D is met.
Service Order Requirement
N/A
Continuation/Utilization Review Criteria
N/A
Discharge Criteria
Service Plan goals are achieved.
Service Maintenance Criteria
N/A
Provider Requirement and Supervision
Providers must meet standards of 10 NCAC 14V.5100 Community Respite Services for All Disability Groups <i>or</i> standards of their 131d or 122c residential license. Respite services may be provided by: (a) homes/facilities licensed to provide therapeutic residential services under 122c or 131d, (b) homes licensed to provide respite under .5100, and (c) homes not licensed, but allowed to provide respite under the constraints outlined in the NC Administrative Rule 14V.5101: 10 NCAC 14V .5101(b): Private home respite services serving individuals are subject to licensure under G.S. 122C, Article 2 when: 1. more than two individuals are served concurrently; or 2. either one or two children, two adults, or any combination thereof are served for a cumulative period of time exceeding 240 hours per calendar month.

Documentation Requirements				
Minimum documentation is a daily service note that describes the purpose of contact, and any provider interventions.				
Appropriate Service Codes				
Medicaid	IPRS	Pioneer	UCR-WM (CTSP)	UCR-TS (MR/MI)
Not Billable	YA125	N/A	125	N/A

Respite – Hourly (YP010/011)
Hourly Respite service includes non-treatment, non-habilitation support services provided to a client in order to provide temporary or occasional relief for regular care givers.
<p>GUIDELINES:</p> <ol style="list-style-type: none"> (1) Include face-to-face time providing care to the client and time spent transporting the individual to or from services. (2) The services most commonly included in this category include, but are not limited to: <ol style="list-style-type: none"> a. Hourly respite; or b. Companion Sitter. (3) Respite provided on an over-night basis should be reported to Community Respite. When Hourly Respite is provided in a 24-hour respite facility (and costed) as a part of Community Respite it may be reported as Community Respite. (4) Staff Travel Time to be reported separately. (5) Preparation/documentation time NOT reported.
Therapeutic Relationship and Interventions
The respite provider addresses the health, nutrition, and daily living needs of the client.
Structure of Daily Living
N/A
Cognitive and Behavioral Skill Acquisition
N/A
Service Type
This is a periodic (hourly) service. This service is not Medicaid billable.
Resiliency/Environmental Intervention
This service provides periodic relief for a family or family substitute on a temporary basis.
Service Delivery Setting
May be provided in a variety of settings, including the individual's own home or other location not subject to licensure.
Medical Necessity
N/A
Service Order Requirement
N/A
Continuation/Utilization Review Criteria
The family or family substitute continues to need temporary relief from caregiving responsibilities.
Discharge Criteria
N/A
Service Maintenance Criteria
The service may continue as long as the family continues to need periodic relief from the responsibility to provide care for the client.

Provider Requirement and Supervision				
Paraprofessional level person who meets the requirements specified for paraprofessional status according to 10 NCAC 14V. Supervision of paraprofessionals is also to be carried out according to 10 NCAC 14V. Licensed facilities must meet the requirements as cited in 10 NCAC 14V .5100.				
Documentation Requirements				
Documentation is required in the client's regular treatment/habilitation record.				
Appropriate Service Codes				
Medicaid	IPRS	Pioneer	UCR-WM (CTSP)	UCR-TS (MR/MI)
Not Billable	Individual: YP010 Group: YP011	Individual: 010 Group: 011	N/A	Individual - 010 Group – 011

Screening (Bill as Outpatient Treatment)

Screening is a triage activity which provides for an appraisal of recipients who are not area program consumers as well as those who are currently involved in treatment. This service is designed to determine the nature of the individual's problem and his need for services. The determination of the nature and extent of an individual's problem may include a systematic appraisal of the mental, psychological, physical, behavioral, functional, social, economic and/or intellectual resources of the individual for the purpose of diagnosis.

Therapeutic Relationship and Interventions

N/A

Structure of Daily Living

N/A

Cognitive and Behavioral Skill Acquisition

N/A

Service Type

This is a periodic service that is Medicaid billable.

Resiliency/Environmental Intervention

N/A

Service Delivery Setting

This service is provided face-to-face in any location or telephonically.

Medical Necessity

N/A

Service Order Requirement

This service is covered under the provider's standing order policy.

Continuation/Utilization Review Criteria

N/A

Discharge Criteria

N/A

Service Maintenance Criteria

N/A

Provider Requirement and Supervision

This service is provided by a Qualified Professional.

Documentation Requirements

Documentation for active clients is a full service note. Documentation for non-consumers shall be in a separate or pending file. For those recipients requiring more than two screenings within a 60-day period, a client record shall be opened.

Appropriate Service Codes

Medicaid	IPRS	Pioneer	UCR-WM (CTSP)	UCR-TS (MR/MI)
Y2305	Y2305	310	110	310

SCREENING

Screening is a service for both existing clients and non-clients designed to assess the nature of a person's problems and need for services. Those activities that are typical of this service are:

YES	NO
<p>Developing provisional diagnoses.</p> <p>Intake and after-hour screenings.</p> <p>Direct contact with the potential consumer and significant other to gather needed information.</p> <p>Time spent scoring psychological /test instruments, analyzing results and interpretative sessions by a psychologist (Masters or Ph.D. level) qualified to do so, not to exceed the time spent administering the test.</p> <p>Telephone time with the potential consumer, existing client, or significant others when engaged in a structured interview conducted by a clinician as part of the assessment process.</p> <p>Telephone time in making referrals to other agencies.</p>	<p>Staff travel time.</p> <p>Documenting in pending files, activity logs, etc.</p> <p>Telephone time with the potential consumer and significant others when NOT a part of a structured interview.</p> <p>Time spent writing the evaluation report.</p> <p>Time spent scoring the psychological instrument, analyzing results or interpretive sessions by staff other than a psychologist (Masters or Ph.D. level) qualified to do so.</p>

Social Inclusion

Social Inclusion applies to the implementation of the strategies and activities in the person's service plan that support personal interaction, enhanced social roles and community membership. Social Inclusion activities provide an opportunity for the person to spend time with all people in the community. Social Inclusion activities also promote meaningful interactions with others and lead to enhanced personal relationships, expanded social roles and deeper involvement in community activities. Activities and strategies addressed by this service should enhance the person's ability and opportunity to perform valued social roles that encourage them to enhance their status as community members. Activities and strategies necessary to promote inclusion as well as those necessary to eliminate obstacles inhibiting inclusion are supported by this service. Fees and costs associated with normal social activities, such as admission fees and tickets to social events, meals and alternative transportation may be reimbursed through this service. The following are examples of events that may be reimbursed through this service:

- May be billed to facilitate an individual's involvement and integration in settings where persons represent a cross-section of individuals in the community;
- Facilitating and/or participating in Circle of Support activities;
- Planning, conducting/participating in social activities such as attending athletic events, cultural events with friends and participating in community activities and organizations;
- Joining community organizations such as churches, social clubs and service organizations;
- Participating in volunteer activities;
- Involvement in avocations and activities such as hobbies and leisure pursuits.

GUIDELINES

1. Support to be documented describing:
 - a. Activity that occurred;
 - b. Progress or lack of progress attained toward social interaction, inclusion and/or relationship building; and
 - c. Change or elimination of strategy implemented.
2. Social Inclusion is delivered by a para-professional who has demonstrated the competencies to perform the service.
3. Staff travel time to promote social inclusion activity/support is included
4. Documentation time is not reported.
5. Documentation is required in the client record.

Therapeutic Relationship and Interventions

There should be a supportive therapeutic relationship between the provider and the client which addresses and/or implements interventions outlined in the service plan.

Structure of Daily Living

This service is focused on the implementation of strategies and activities in the person's service plan that support personal interaction, enhanced social roles and community membership.

Cognitive and Behavioral Skill Acquisition

This service is intended to assist individuals to live as independently as possible.

Service Type

Social Inclusion is a periodic service. This service is not Medicaid billable.

Resiliency/Environmental Intervention
This service focuses on assisting individuals in becoming connected to naturally occurring support systems and relationships in the community to provide and enhance opportunities for meaningful community participation.
Service Delivery Setting
This service can be provided in any location.
Medical Necessity
<p>A. There is an Axis I or II diagnosis present. or the person has a condition that may be defined as a developmental disability as defined in GS 122C-3 (12a)</p> <p style="text-align: center;">AND</p> <p>B. Level of Care Criteria, Level NCSNAP/ASAM</p> <p style="text-align: center;">AND</p> <p>C. The recipient is experiencing difficulties in at least one of the following areas:1. functional impairment2. crisis intervention/diversion/aftercare needs, and/or at-risk of placement outside the natural home setting.</p> <p style="text-align: center;">AND</p> <p>D. The recipient's level of functioning has not been restored or improved and may indicate a need for clinical interventions in a natural setting if any of the following apply:</p> <ol style="list-style-type: none"> 1. At risk for out of home placement, hospitalization, and/or institutionalization due to symptoms associated with diagnosis. 2. Presents with intensive verbal, and limited physical aggression due to symptoms associated with diagnosis, which are sufficient to create functional problems in a community setting. 3. At risk of exclusion from services, placement or significant community support systems as a result of functional behavioral problems associated with the diagnosis. 4. Requires a structured setting to foster successful integration into the community through individualized interventions and activities.
Service Order Requirement
N/A
Continuation/Utilization Review Criteria
The client continues to have needs that are met by this service definition.
Discharge Criteria
<p>Consumer's level of functioning has improved with respect to the goals outlined in the service plan, or no longer benefits from this service. The decision should be based on one of the following:</p> <ol style="list-style-type: none"> 1. Consumer has achieved service plan goals, discharge to a lower level of care is indicated. 2. Consumer is not making progress, or is regressing, and all realistic treatment options within this modality have been exhausted.
Service Maintenance Criteria
<p>If the recipient is functioning effectively with this service and discharge would otherwise be indicated, personal assistance should be maintained when it can be reasonably anticipated that regression is likely to occur if the service is withdrawn. The decision should be based on any one of the following:</p> <p>A. Evidence that gains will be lost in the absence of personal assistance is documented in the service record.</p> <p style="text-align: center;">OR</p> <p>B. In the event there are epidemiologically sound expectations that symptoms will persist and that ongoing treatment interventions are needed to sustain functional gains, the presence of a DSM IV</p>

diagnosis would necessitate a disability management approach.

**Note: Any denial, reduction, suspension, or termination of service requires notification to the recipient and/or legal guardian about their appeal rights.*

Provider Requirement and Supervision

Direct care providers shall meet the competencies and supervision requirements as specified in 10 NCAC 14V .0202 and .0204.

Documentation Requirements

Documentation is required as specified in the Service Records Manual.

Appropriate Service Codes

Medicaid	IPRS	Pioneer	UCR-WM (CTSP)	UCR-TS (MR/MI)
Not Billable	Individual – YM570 Group – YM571	N/A	N/A	570 571

Specialized Summer Programs – UCR-WM (370)
This service is available to youth who need summer programs to meet their individual treatment needs. These youth may include those whose difficulties cause them to be “high risk” during unstructured summer months and whose needs are not met in other generic summer programs (youth camps, etc.). Activities may occur in a variety of settings including, but not limited to, developmental day centers, community recreational resource centers and day camps. DAY TREATMENT AND EDUCATION programs may operate for twelve (12) months. In this case, these programs operating in the summer months should report units as DAY TREATMENT AND EDUCATION, rather than SPECIALIZED SUMMER PROGRAMS. Specialized Summer Programs are programs that operate ONLY in the summer months of June, July, or August.
Therapeutic Relationship and Interventions
Recreation activities and sports, individual and group, designed to facilitate increased self esteem, and working/playing with others.
Structure of Daily Living
A day program.
Cognitive and Behavioral Skill Acquisition
Participate and learn a variety of recreational sports and activities, including focusing on individual skill building as well as teamwork.
Service Type
This is an hourly service. This service is not Medicaid billable.
Resiliency/Environmental Intervention
This service is to support the youth and provide opportunities for learning in a recreational setting.
Service Delivery Setting
Activities may occur in a variety of settings including, but not limited to, developmental day centers, community recreational resource centers and day camps.
Medical Necessity
A recipient is eligible for this service when: A. There is an Axis I or II diagnosis, <p style="text-align: center;">AND,</p> B. Level of Care Criteria Level D is met.
Service Order Requirement
N/A
Continuation/Utilization Review Criteria
N/A
Discharge Criteria
Service plan goals met.
Service Maintenance Criteria
N/A
Provider Requirement and Supervision
Must meet the requirements of their particular service delivery setting (i.e., developmental day

center, community recreational resource center, day camp, etc.)

Documentation Requirements

Minimum documentation is a daily service note.

Appropriate Service Codes

Medicaid	IPRS	Pioneer	UCR-WM (CTSP)	UCR-TS (MR/MI)
Not Billable	N/A	N/A	370	N/A

Staff Travel – Professional & Paraprofessional

Staff Travel Time is the amount of time a direct care staff member spends travelling in order to deliver most periodic services and supported employment-individual services.

GUIDELINES:

- 1) Documentation may be maintained on a travel log or event ticket.
- 2) Only reportable when time is documented to a specific reportable service event. Time may be reported when a service event is intended but the recipient is absent when staff arrive at the expected location.
- 3) Because After-Hours Services are paid for on a coverage hour basis, staff travel related to the delivery of such services is not to be reported.
- 4) When transportation is provided to a client, the time should be reported as Case Management, Case Support, or Personal Assistance as appropriate.
- 5) Staff travel time related to Hourly Respite; Personal Assistance; Community Based Services should be reported Staff Travel – Paraprofessional; Staff travel time related to other services should be reported as Staff Travel – Professional

Therapeutic Relationship and Interventions

N/A

Structure of Daily Living

N/A

Cognitive and Behavioral Skill Acquisition

N/A

Service Type

This service is not Medicaid billable.

Resiliency/Environmental Intervention

N/A

Service Delivery Setting

N/A

Medical Necessity

N/A

Service Order Requirement

N/A

Continuation/Utilization Review Criteria

N/A

Discharge Criteria

N/A

Service Maintenance Criteria

N/A

Provider Requirement and Supervision

N/A

Documentation Requirements

N/A

Appropriate Service Codes

Medicaid	IPRS	Pioneer	UCR-WM (CTSP)	UCR-TS (MR/MI)
Not Billable	Professional: YP498 Paraprofessional: YP499	Periodic Services: 495 Professional: 498 Paraprofessional: 499	N/A	Periodic Services: 495 Professional: 498 Paraprofessional: 499

Substance Abuse Intensive Outpatient Treatment (SAIOP)

The Substance Abuse IOP is a time limited, multi-faceted treatment service for adults or children who require structure to achieve and sustain recovery. These services are offered during the day and/or evening hours to enable individuals to maintain residence in their community, continue to work or go to school and to be a part of their family life. The Substance Abuse IOP is a more intensive level of care than traditional outpatient services or day treatment services for substance abusers. A SAIOP model meets a minimum of 9 hours a week and is a cost-effective alternative to traditional inpatient treatment. Services are provided in a minimum of three-hour time blocks. The SAIOP program is limited in duration to 12 weeks per episode.

Therapeutic Relationship and Interventions

Intensive outpatient treatment services are indicated for individuals who require structured, multi-modal treatment (individual, group, family, multi-family) and psychoeducational interventions to achieve alleviation of symptoms and improved level of functioning. The foundation of this service is a therapeutic relationship between the provider and the consumer in a planned format of therapies, which is characterized primarily by a group approach and process and didactic components. Critical components of the program are individual counseling, group counseling, counseling with the family and/or significant others; motivational enhancement and engagement strategies, random alcohol/drug testing services, and strategies for relapse prevention to include community and/or social support systems in treatment and didactic presentations to consumers, families, and significant others.

Structure of Daily Living

The Substance Abuse IOP is an organized and structured non-residential treatment service designed to provide a therapeutic environment to assist the consumer in achieving and sustaining recovery. The SAIOP provides an intensive multi-modal outpatient program with a variable length of treatment and the ability to reduce each participant's frequency of attendance as symptoms are alleviated and the individual is able to resume more of his/her usual obligations.

Cognitive and Behavioral Skill Acquisition

The consumer should experience measurable behavioral, cognitive, and affective changes that support abstinence and recovery. There is the expectation that the consumer will show significant progress toward treatment goals within the specified timeframes as indicated by the design of the program and the individual consumer's needs.

Service Type

The SAIOP is a day/night time-limited service that must be available a minimum of three hours a day and at least three days a week and operates out of a licensed facility. This service is Medicaid billable.

Resiliency/Environmental Intervention

This service is an organized nonresidential professional treatment service that includes individual and group services in a structured setting. This level of care is for participants with a support system or a sober living environment. Success in this treatment modality is maximized by commitment to a sober lifestyle and resiliency factors that support ongoing recovery. The participant requires intensive outpatient treatment to reduce the risk of further deterioration or the participant has a diagnostic profile which requires intensive outpatient monitoring to minimize distractions from his/her treatment or recovery.

Service Delivery Setting

This service is operated out of a licensed substance abuse facility. IOP services may be provided in a variety of settings including free-standing facilities, private offices of eligible providers or area

MH/DD/SA programs. The SAIOP may operate in the same building as other periodic or day/night services; however, there must be a distinct separation between these services in staffing and program description. The SAIOP shall operate as a licensed facility in accordance with G. S. § 122C-3(14)(b) and 10 NCAC 14V Section .3700 Day Treatment Facilities for Individuals with Substance Abuse Disorders except in reference to the specific program requirements for the SAIOP and the number of hours of operation (The SAIOP must operate a minimum of nine hours per week). Programs that are currently providing services in approximation to the IOP model will be grandfathered in as a Substance Abuse IOP for a period of one year or upon the renewal of their license, whichever comes first, as long as the program meets the service definition requirements.

Medical Necessity

An individual is eligible for this service when:

1. There is a DSM-IV (Axes I – V) diagnosis (or its ICD-9 equivalent) of a substance abuse/dependence disorder.
- AND**
2. The individual meets ASAM-Patient Placement Criteria-2R of Level II.1.
- AND**
3. The substance use is incapacitating or destabilizing.
4. The individual demonstrates a pattern of alcohol and/or drug use which has resulted in a significant impairment in at least one life area: interpersonal, occupational and/or educational functioning.
5. The individual's condition requires coordinated and comprehensive treatment which require different modalities and/or clinical disciplines for progress to occur.
6. The individual is able to function in a community environment even with impairments in social, medical, family or work functioning.
7. The consumer's environment is supportive of recovery.
8. The consumer is sufficiently motivated to comply with treatment.
- AND**
9. The consumer has no signs or symptoms of withdrawal or his/her withdrawal needs can be safely managed in the SAIOP setting. The patient's biomedical conditions and problems are stable or are being addressed concurrently and thus will not interfere with treatment.

Service Order Requirement

For Medicaid reimbursement, this service must be ordered by a physician or licensed psychologist prior to or on the day the service is initiated.

Continuation/Utilization Review Criteria

The consumer's condition continues to meet the admission criteria. Service notes document progress in relation to symptoms or problems in measurable and observable terms but the overall goals of the treatment plan have not been met. The results of random drug screens support the individual's continued involvement. There is a reasonable expectation that the consumer can achieve the goals in the necessary timeframe. If the desired outcome or level of functioning has not been restored, improved, or sustained over the timeframe outlined in the consumer's service plan or the consumer continues to be at-risk for relapse based on history or the tenuous nature of functional gains, the ASAM continuing stay criteria will be applied and alternative levels of care will be considered. Initial authorization by the Medicaid contractor will be for 12 weeks.

Discharge Criteria				
<ol style="list-style-type: none"> Goals of the consumer's service plan have been substantially met. Consumer requests discharge and is not imminently dangerous. Transfer to another level of service is warranted by change in the consumer's condition or non-compliance. If the results of drug testing indicates continued use, the individual could be referred to a SA Day Treatment program which is designed to support individuals with more chronic substance abuse problems. The consumer requires services not available at this level. Adequate continuity of care and discharge planning is established and linkages are in place. <p>Individuals who have successfully completed the SAIOP program may be stepped down to traditional outpatient services for continued treatment and to address other issues related to substance abuse.</p>				
Service Maintenance Criteria				
<p>Service maintenance criteria are not applicable for the IOP level of care since the treatment model for SAIOP is a short-term, time-limited modality where the individual could be referred to a SA Day Treatment program or other outpatient level of service designed to support individuals with more chronic substance abuse problems.</p>				
Provider Requirement and Supervision				
<p>The maximum face-to-face staff-to-client ratio is an average of not more than 12 adult consumers to 1 direct service staff based on average daily attendance. The ratio for children will be 1:6. Individual counseling is typically offered each week and no less than every other week.</p> <p>This service can only be provided by qualified SA professional staff and by individuals with the following licenses or certifications who have substance abuse competencies: Licensed Psychological Associates, Licensed Professional Counselors, Licensed Clinical Social Workers, Certified Substance Abuse Counselors, Certified Clinical Addiction Specialists. Providers are subject to the supervision requirement in their level of licensure, certification or QSAP status.</p>				
Documentation Requirements				
<p>The minimum documentation is a daily service note that includes the purpose of contact, describes the provider's interventions, and the effectiveness of the interventions. Before discharging a consumer, the IOP must complete a discharge plan and refer the consumer to the appropriate level of service in accordance with the consumer's needs.</p>				
Appropriate Service Codes				
Medicaid Code:	IPRS	Pioneer	UCR-WM (CTSP)	UCR-TS (MR/MI)
H0015	H0015	665	N/A	N/A

Substance Abuse Intensive Outpatient Program (SAIOP)

The Substance Abuse Intensive Outpatient Program is a service provided by substance abuse professionals or licensed/certified clinicians with substance abuse competencies. The SAIOP is a time-limited service for adults or children which offers a full spectrum of multi-faceted treatment services. Consistent with ASAM criteria for this level of care, the Substance Abuse IOP must be offered for at least three hours each day, three days a week for a minimum of nine hours a week.

YES	NO
<p>Individual and group psychotherapy. Didactic presentations to consumers, families and significant others about substance abuse issues both in individual and group forums. Strategies for relapse prevention to include community and/or social support systems in treatment.</p> <p>Counseling with the family and /or significant others. Random alcohol/drug testing services.</p> <p>Strategies to facilitate and enhance community integration and re-socialization. Motivational enhancement and engagement strategies. Anticipatory guidance.</p>	<p>Educational curricula. Vocational and prevocational activities.</p> <p>Writing treatment plans, service notes, etc.</p> <p>Filling out SALs, timesheets, etc.</p> <p>Reading, copying, mailing evaluations or other information about the consumer. Staff travel time.</p> <p>Case management functions.</p> <p>Outreach efforts when the consumer is absent from the program. Transporting the consumer to and from the SAIOP program or to activities that are a part of the program day. Adaptive skills training. Other periodic substance abuse treatment related to a substance abuse diagnosis excluding case management, CBS, and psychiatric, medical, and psychological services.</p>

Supervised Living—Low

"Supervised Living" is typically provided in individual apartments, sometimes clustered in a small developments that may, or may not have an apartment manager on site during regularly scheduled hours. This is the least restrictive residential service which includes room and periodic support care. These apartments are the individual's home and they are not licensed facilities. In limited cases residents may receive an amount of rental assistance from the area program, but no mental health services are attached to the apartment. The individual may receive periodic mental health services such as outpatient treatment, structured day programming, etc., independent of the "supervised living" apartment. Community based mental health services such as case management or ACTT may be provided to the individual in the home, but the service is not programmatically linked to the home. The costs reimbursed under this service vary according to setting and may include rental assistance on behalf of the tenant, or other operating expenses of the household including the salary of the onsite manager, if applicable, that is paid for out of the area program operating budget..

GUIDELINES: (from Pioneer Service Definition)

- (1) A service should be considered as Supervised Living when some (or all) of the rent subsidy of the client, or other operating expenses of the household, is paid for out of the area program operating budget. [Supervision of individuals living independently without area program subsidy, should be reported as the specific type of service provided (i.e., Assertive Outreach, Case Management/Support, Personal Assistance, Screening, Evaluation, Outpatient Treatment/Habilitation as defined, etc.)]
- (2) Supervised Living--Low may include different frequencies of supervision by employed professional or paraprofessional staff whose related expenses are cost found and whose time is reported as *Personal Assistance*.
- (3) Preparation and documentation time are NOT to be reported.
- (4) Documentation in the client record is required.

PAYMENT UNIT: Client bed day. Staff who support a client in this service are to report a bed day for each client who is occupying a bed or for whom a bed is reserved. If a client is temporarily in a respite or other 24-hour placement which will be billed to the Division, staff are to assure that there is no double billing. Therapeutic leave does not apply to this service.

Therapeutic Relationship and Interventions

N/A

Structure of Daily Living

N/A

Cognitive and Behavioral Skill Acquisition

Assistance with cognitive and behavioral skills the individuals needs to remain in this independent living option may be provided by the area program and private providers, but is not required for the individual to reside in a supported living apartment.

Service Type

. Client bed day. Staff who support a client in this service are to report a bed day for each client who is occupying a bed or for whom a bed is reserved. If a client is temporarily in a respite or other 24-hour placement which will be billed to the Division, staff are to assure that there is no double billing . Therapeutic Leave does not apply to this service. This service is not Medicaid billable.

Resiliency/Environmental Intervention

N/A

Service Delivery Setting

N/A

Medical Necessity				
Must have an Axis I or II diagnosis or the person has a condition that may be identified as a developmental disability as defined in G.S. 122-C-3(12a).				
Service Order Requirement				
N/A				
Continuation/Utilization Review Criteria				
N/A				
Discharge Criteria				
There is no discharge criteria for the service currently defined as "supervised living" service. North Carolina landlord/tenant laws and conditions of the signed lease apply.				
Service Maintenance Criteria				
N/A				
Provider Requirement and Supervision				
N/A				
Documentation Requirements				
N/A				
Appropriate Service Codes				
Medicaid	IPRS	Pioneer	UCR-WM (CTSP)	UCR-TS (MR/MI)
Not Billable	YP710	710	N/A	N/A

Supervised Living--Moderate

Supervised Living--Moderate is a residential service, typically in an apartment which includes room and periodic support care to one or more individuals who do not need 24-hour supervision; or, for whom care in a group setting is considered inappropriate. Supervision includes routine or spontaneous visits, on-call support and sometimes more intense one-on-one contact for several consecutive hours, to the individual. It includes assistance in daily living skills, supportive counseling, and monitoring of the client's well-being. It may also include the employment of an individual to live with the client(s) in order to provide the appropriate level of supervision.

GUIDELINES:

- (1) A service should be considered as Supervised Living--Moderate, only when some (or all) of the rent subsidy of the client, or other operating expenses of the household, is paid for out of the area program operating budget. [Supervision of individuals living independently without area program subsidy, should be reported as the specific type of service provided (i.e., Assertive Outreach, Case Management/Support, Screening, Evaluation, Outpatient Treatment/Habilitation as defined, etc.)]
- (2) Supervised Living--Moderate usually includes a more intense (than Supervised Living--Low) frequency of supervision by employed professional or paraprofessional staff whose related expenses are cost found and whose time is reported as **Personal Assistance**.
- (3) Preparation and documentation time are NOT to be reported.
- (4) Documentation in the client record is required.

PAYMENT UNIT: Client bed day. Staff who support a client in this service are to report a bed day for each client who is occupying a bed or for whom a bed is reserved. If a client is temporarily in a respite or other 24-hour placement which will be billed to Funding, staff are to assure that there is no double billing. Therapeutic Leave does not apply to this service.

Therapeutic Relationship and Interventions

If the program employs an individual to live with the client(s) in order to provide the appropriate level of supervision, the services to be provided by the employee must be related to documented needs of the resident.

Structure of Daily Living

Provides support and supervision, if clinically indicated, in the client's residence.

Cognitive and Behavioral Skill Acquisition

Primary treatment and rehabilitation services are provided off-site and are accounted for and reported where appropriate (i.e. Outpatient treatment/habilitation, case management, etc).

Service Type

Supervised living moderate would be licensed under NC T10:14V.5600 only if 2 or more clients share the living arrangement and the clients are not the holders of the lease. This service is not Medicaid billable.

Resiliency/Environmental Intervention

This service may provide a transition to greater independence or may provide housing and supports for the long term.

Service Delivery Setting

Services are provided in the residential setting

Medical Necessity

Applicable only if the program employs an individual to live with the client(s) in order to provide the appropriate level of supervision

A. There is an Axis I or II diagnosis present or the person has a condition that may be identified as a developmental disability as defined in G.S. 122-C-3(12a).

<p style="text-align: center;">AND</p> <p>B. Level of Care Criteria, Level B/NCSNAP/ASAM</p> <p style="text-align: center;">AND</p> <p>C. The recipient is experiencing difficulties in at least one of the following areas:</p> <ol style="list-style-type: none"> 4. functional impairment 5. crisis intervention/diversion/aftercare needs, and/or 6. at risk of placement outside the natural home setting. <p style="text-align: center;">AND</p> <p>D. The recipient's level of functioning has not been restored or improved and may indicate a need for clinical interventions in a natural setting if any of the following apply:</p> <ol style="list-style-type: none"> 5. At risk for out of home placement, hospitalization, and/or institutionalization due to symptoms associated with diagnosis. 6. Presents with intensive verbal, and limited physical aggression due to symptoms associated with diagnosis, which are sufficient to create functional problems in a community setting. 7. At risk of exclusion from services, placement or significant community support systems as a result of functional behavioral problems associated with the diagnosis. 8. Requires a structured setting to foster successful integration into the community through individualized interventions and activities. <p style="text-align: center;">OR</p> <p>E. The individual's current residential placement meets any one of the following:</p> <ol style="list-style-type: none"> 5. The individual has no residence. 6. Current placement does not provide adequate structure and supervision to ensure safety and participation in treatment. 7. Current placement involves relationships which undermine the stability of treatment. 8. Current placement limits opportunity for recovery, community integration and maximizing personal independence.
<p style="text-align: center;">Service Order Requirement</p>
<p>A service order is necessary only if the program employs an individual to live with the client(s) in order to provide the appropriate level of supervision. Service orders must be completed by a physician or licensed psychologist prior to or on the day services are to be provided.</p>
<p style="text-align: center;">Continuation/Utilization Review Criteria</p>
<p>Required only if the program employs an individual to live with the client(s) in order to provide the appropriate level of supervision, the services to be provided by the employee must be related to documented needs of the resident. Continuation of live in staff must be reviewed whenever there is a significant and sustained reduction in the client's need for this level of supervision.</p>
<p style="text-align: center;">Discharge Criteria</p>
<p>Discharge Criteria is only relevant if the program employs an individual to live with the consumer(s) in order to provide the appropriate level of supervision:</p> <p>Consumer's level of functioning has improved with respect to the goals outlined in the service plan, or no longer benefits from this service. The decision should be based on one of the following:</p> <ol style="list-style-type: none"> 1. Consumer has achieved service plan goals, discharge to a lower level of care is indicated. 2. Consumer is not making progress, or is regressing, and all realistic treatment options within this modality have been exhausted.
<p style="text-align: center;">Service Maintenance Criteria</p>
<p>Service Maintenance Criteria is only relevant if the program employs an individual to live with the consumer(s) in order to provide the appropriate level of supervision:</p> <p>If the recipient is functioning effectively with this service and discharge would otherwise be indicated, the service should be maintained when it can be reasonably anticipated that regression is likely to occur</p>

if the service is withdrawn. The decision should be based on any one of the following:

A. Evidence that gains will be lost in the absence of group living moderate is documented in the service record.

OR

B. In the event there are epidemiologically sound expectations that symptoms will persist and that ongoing treatment interventions are needed to sustain functional gains, the presence of a DSM IV diagnosis would necessitate a disability management approach.

**Note: Any denial, reduction, suspension, or termination of service requires notification to the recipient and/or legal guardian about their appeal rights.*

Provider Requirement and Supervision

Must be licensed under T10:14V .5600 if 2 or more adults are served in the supervised living setting and the program employs an individual to live with the consumer(s) in order to provide the appropriate level of supervision:

Documentation Requirements

This service requires documentation as specified in the Service Records Manual.

Appropriate Service Codes

Medicaid	IPRS	Pioneer	UCR-WM (CTSP)	UCR-TS (MR/MI)
Not Billable	YP720	720	N/A	N/A

Supervised Living – MR/MI - I-VI Residents

Supervised Living is a residential service which includes room and support care for one individual who needs 24-hour supervision; and, for whom care in a more intensive treatment setting is considered unnecessary on a daily basis. A minimum of one staff member shall be present at all times when the client is on the premises except when the client has been deemed capable of remaining in the home without supervision for a specified time by a Qualified Professional or Associate Professional of the operating agency or area program. Supervision includes the employment of an individual to live with the client or provide staff coverage on an overnight basis in order to provide the appropriate level of care and supervision. Other support services which serve the habilitation or treatment needs of the individual may be provided in the Supervised Living setting, but are to be documented and billed separately as periodic services. The client's family shall be provided the opportunity to maintain an ongoing relationship, which includes visits at the facility as well as trips to visit relatives.

GUIDELINES:

1. A service should be considered as Supervised Living -- only when some (or all) of the rent subsidy of the client(s), or other operating expenses of the household, is paid for out of the area program operating budget. [Supervision of individuals living independently without area program subsidy, should be reported as the specific type of service provided (i.e., Evaluation, Evaluation, Outpatient Treatment/Habilitation as defined, etc.)]
2. Training, counseling, and various levels of supervision are provided as needed by a maximum of three (3) Full-Timer-Equivalencies (FTE's). Any additional staff should be cost found to a periodic expense center (e.g., Community Based Services, Personal Care), and services documented accordingly.
3. This service is not required to be licensed through the Department of Facilities Services.
4. This service may be billed if only when specific number of individuals are presently residing in a setting, even if the setting is established for more than one person (i.e., has more than one [1] residential bed), if other beds are not presently filled;
5. This service is to be billed through the UCR-TS at a state-wide rate. Exceptions to the state-wide rate may be submitted through the MR/MI. Service Manager by submitting a "Justification for Exceptional Costs" form (Appendix J). Exceptions will be considered only for significant differences in such components as rent/mortgage costs, direct care staff wages, or other factors directly effecting the cost of the provision of services within the definitions of this service.
6. Preparation, documentation and staff travel time are NOT to be reported.
7. Documentation in the client record is required.
8. In all cases, a service should be reported as it is licensed/certified.

Therapeutic Relationship and Interventions

There should be a supportive therapeutic relationship between the provider and the client which addresses and/or implements interventions outlined in the service plan.

Structure of Daily Living

This service is focused on the implementation of strategies and activities in the person's service plan that support personal interaction, enhanced social roles and community membership.

Cognitive and Behavioral Skill Acquisition

This service is intended to assist individuals to live as independently as possible.

Service Type

Supervised Living is a daily service. This service is not Medicaid billable.

Resiliency/Environmental Intervention

This service focuses on assisting individuals in becoming connected to naturally occurring support

systems and relationships in the community to provide and enhance opportunities for meaningful community participation.
Service Delivery Setting
This service can be provided in any location.
Medical Necessity
<p>A. There is an Axis I or II diagnosis present or the person has a condition that may be defined as a developmental disability as defined in GS 122C-3 (12a)</p> <p style="text-align: center;">AND</p> <p>B. Level of Care Criteria, Level NCSNAP/ASAM</p> <p style="text-align: center;">AND</p> <p>C. The recipient is experiencing difficulties in at least one of the following areas:</p> <p>1.functional impairment</p> <p>2.crisis intervention/diversion/aftercare needs, and/or</p> <p>3.at risk of placement outside the natural home setting.</p> <p style="text-align: center;">AND</p> <p>C. The recipient's level of functioning has not been restored or improved and may indicate a need for clinical interventions in a natural setting if any of the following apply:</p> <ol style="list-style-type: none"> 1. At risk for out of home placement, hospitalization, and/or institutionalization due to symptoms associated with diagnosis. 2.Presents with intensive verbal, and limited physical aggression due to symptoms associated with diagnosis, which are sufficient to create functional problems in a community setting. 3.At risk of exclusion from services, placement or significant community support systems as a result of functional behavioral problems associated with the diagnosis. 4.Requires a structured setting to foster successful integration into the community through individualized interventions and activities.
Service Order Requirement
N/A
Continuation/Utilization Review Criteria
The client continues to have needs that are met by this service definition.
Discharge Criteria
<p>Consumer's level of functioning has improved with respect to the goals outlined in the service plan, or no longer benefits from this service. The decision should be based on one of the following:</p> <ol style="list-style-type: none"> 1. Consumer has achieved service plan goals, discharge to a lower level of care is indicated. 2. Consumer is not making progress, or is regressing, and all realistic treatment options within this modality have been exhausted.
Service Maintenance Criteria
<p>If the recipient is functioning effectively with this service and discharge would otherwise be indicated, personal assistance should be maintained when it can be reasonably anticipated that regression is likely to occur if the service is withdrawn. The decision should be based on any one of the following:</p> <p>A. Evidence that gains will be lost in the absence of personal assistance is documented in the service record.</p> <p style="text-align: center;">OR</p> <p>B. In the event there are epidemiologically sound expectations that symptoms will persist and that ongoing treatment interventions are needed to sustain functional gains, the presence of a DSM IV diagnosis would necessitate a disability management approach.</p>

**Note: Any denial, reduction, suspension, or termination of service requires notification to the recipient and/or legal guardian about their appeal rights.*

Provider Requirement and Supervision

Direct care providers shall meet the competencies and supervision requirements as specified in 10 NCAC 14V .0202 and .0204.

Documentation Requirements

Documentation is required as specified in the Service Records Manual.

Appropriate Service Codes

Medicaid	IPRS	Pioneer	UCR-WM (CTSP)	UCR-TS (MR/MI)
Not Billable	YM811 – YM816	N/A	N/A	1 Resident –811 2 Residents –812 3 Residents –813 4 Residents –814 5 Residents –815 6 Residents –816

Supported Employment

Supported Employment--Individual is a service which involves arranging for and supporting paid work for an individual, age 16 or older, in a job which would otherwise be done by a nondisabled worker. The service includes intensive involvement of staff working with the individual in the work setting or in support of the individual so that the individual's employment can be maintained in a normal community environment.

GUIDELINES:

- (1) Supported Employment--Individual services may be either temporary or permanent. Specific versions of this model include:
 - a. Individual Transitional Employment Program services commonly associated with Psychosocial Rehab Programs; or
 - b. Job Coach services.
- (2) In a transitional employment service provided as a part of a Psychosocial Program, when a staff member **temporarily** fills in for a client in a job training site, the staff time is reportable as Supported Employment Individual against the client's case number.
- (3) Time spent arranging placements and in contact with employers, with family or other providers, and in direct contact with client(s); including, training of client(s) or transportation of client(s) is to be reported.
- (4) Staff Travel Time to be reported separately.
- (5) Preparation/documentation time NOT reported.

Therapeutic Relationship and Interventions

There should be a supportive relationship between the provider and the recipient through which a variety of services may be implemented according to the employment needs of the individual as identified in the service plan. These services include vocational evaluation, job development, intensive training, job placement and long-term support.

Structure of Daily Living

This service focuses on assisting the individual to identify work related strengths and to manage functional deficits in order to choose, obtain, and maintain employment.

Cognitive and Behavioral Skill Acquisition

This service includes a structured approach to assisting individuals with job-specific skills and generic work skills including, but not limited to interviewing, traveling to/from the work site, communication and social skills, time management, benefit management, etc.

Service Type

Support Employment is a day/night service. This is day/night type of service under NC Administrative Code T10:14V .5800. This service is not Medicaid billable. Payment unit equals one unit for the nearest fifteen minute interval base on the eight minute rounded-up rule.

Resiliency/Environmental Intervention

This service provides on-going support and supervision on the job site and may also include work related supportive interventions outside of the work environment.

Service Delivery Setting

May be provided at any location

Medical Necessity/Clinical Appropriateness

A. There is an Axis I or II diagnosis present or the person has a condition that may be defined as a

developmental disability as defined in GS 122C-3 (12a) AND B. Level of Care Criteria, NCSNAP/ASAM AND C. Individual verbalizes desire to work and currently expresses a preference for a group employment setting. AND D. Individual has an established pattern of unemployment or sporadic employment. AND E. Individual requires assistance to obtain employment and/or requires assistance in addition to what is typically available from the employer to maintain competitive employment because of functional deficits and behaviors associated with diagnosis.
Service Order Requirement
N/A
Continuation/Utilization Review Criteria
Consumer requires this service to maintain their function for employment within the Community.
Discharge Criteria
Consumer's level of functioning has improved with respect to the goals outlined in the service plan, or no longer benefits from this service. The decision should be based on one of the following: 4. Consumer has achieved service plan goals, discharge to a lower level of care is indicated. 5. Consumer is not making progress, or is regressing, and all realistic treatment options within this modality have been exhausted.
Service Maintenance Criteria
If the recipient is functioning effectively with this service and discharge would otherwise be indicated, Supported Employment-Individual should be maintained when it can be reasonably anticipated that regression is likely to occur if the service is withdrawn. The decision should be based on any one of the following: A. Evidence that gains will be lost in the absence of Supported Employment-Individual is documented in the service record. OR B. In the event there are epidemiologically sound expectations that symptoms will persist and that ongoing treatment interventions are needed to sustain functional gains, the presence of a DSM IV diagnosis would necessitate a disability management approach. <i>*Note: Any denial, reduction, suspension, or termination of service requires notification to the recipient and/or legal guardian about their appeal rights.</i>
Provider Requirement and Supervision
Each supported employment program must have a designated program director who is at least a high school graduate or equivalent with 3 years of experience in the appropriate disabilities programs. Any person providing evaluation of job performance services shall have a high school diploma. Staff to client ratio in group employment setting must be a minimum of 1:8.
Documentation Requirements
Documentation in the client record as required in the Service Records Manual.

Appropriate Service Codes				
Medicaid	IPRS	Pioneer	UCR-WM (CTSP)	UCR-TS (MR/MI)
Not Billable	YP630-Individual YP640-Group	630-Individual 640-Group	YA630-Individual YA640-Group	630-Individual 640-Group

Therapeutic Intervention/Crisis Prevention

Therapeutic Intervention/Crisis Prevention (TI/CP) is a service provided to adults, age 18 or older, who have a diagnosis of mental health, substance abuse, or developmental problems, and require the intervention and/or support of persons with skills and expertise usually associated with professional levels of training and credentialing.

Education/training of caregivers, service providers, and others who have a legitimate role in addressing the needs identified in the service plan may also be provided as part of Therapeutic Intervention/Crisis Prevention.

Therapeutic Intervention/Crisis Prevention, when provided on a periodic basis, is designed to treat adults who have a high degree of existing mental health, substance abuse or developmental problems. TI/CP is a service defined to encourage responses to a broad range of client needs; from intervention with persons who are at risk of developing emotional, developmental or substance abuse problems, to the provision of wrap around services to persons with serious emotional disturbances. This includes support for re-understanding socially inappropriate or dysfunctional behaviors. TI/CP is derived from the behavioral sciences and involves the use of knowledge drawn from the study of human development, family/social processes, group process, mental health, motivation and learning theory. It ranges from simple skill development to complex psychological maturation.

Crisis Prevention services are an essential element of TI/CP. The key to using TI/CP for short-term crisis situations is based upon an active relationship with the client, crisis planning, symptom assessment and active intervention.

The primary objectives of TI/CP activities are to support the individual to:

1. understand him/herself and others better;
2. acquire an increased range of adaptive and functional skills across all developmental domains;
3. increase his/her ability to apply understanding and skills in everyday life situations;
4. reduce the presentation of inappropriate and/or dysfunctional behaviors;
5. develop coping strategies which can be associated with improving functional impairments;
6. be better able to enter into positive relationships with others; and
7. be better able to enter into trusting, caring, and loving relationships with others.

GUIDELINES:

1. This service can be provided in a variety of settings.
2. Each Area Mental Health Program is to develop specific criteria to distinguish between professional and paraprofessional staff and the definition of medical necessity.
3. The factors that constitute medical necessity for TI/CP are more flexible than for other services since the service is designed to prevent deterioration of mental capacity and foster healthy development.
4. The client's clinical status, presenting problem and treatment needs will be reflected in the Admission Assessment/Update.
5. Staff travel to provide TI/CP is to be included here.
6. Consultative time with agency or contract staff is not billed to this service since this would be a part of clinical supervision and therefore incorporated into the service utilization rate.
7. The determination of clinical status is typically made based upon diagnostic and psychosocial factors.
8. Travel is included in this.

The service is especially geared toward improving the individual's level of functioning. Staff who

provide this service can enhance a client's level of functioning through interventions such as role modeling, training functional living skills and one-on-one therapeutic interactions to encourage future relationships with significant others.
Therapeutic Relationship and Interventions
There should be a supportive therapeutic relationship between the provider and the client which addresses and/or implements interventions outlined in the service plan.
Structure of Daily Living
This service is focused on the implementation of strategies and activities in the person's service plan that support personal interaction, enhanced social roles and community membership.
Cognitive and Behavioral Skill Acquisition
This service is intended to assist individuals to live as independently as possible.
Service Type
TI/CP is a periodic service. This service is not Medicaid billable.
Resiliency/Environmental Intervention
This service focuses on assisting individuals in becoming connected to naturally occurring support systems and relationships in the community to provide and enhance opportunities for meaningful community participation.
Service Delivery Setting
This service can be provided in any location.
Medical Necessity
<p>A. There is an Axis I or II diagnosis present or the person has a condition that may be defined as a developmental disability as defined in GS 122C-3 (12a)</p> <p style="text-align: center;">AND</p> <p>B. Level of Care Criteria, Level NCSNAP/ASAM</p> <p style="text-align: center;">AND</p> <p>C. The recipient is experiencing difficulties in at least one of the following areas:</p> <p>1.functional impairment</p> <p style="padding-left: 40px;">2.crisis intervention/diversion/aftercare needs, and/or</p> <p style="padding-left: 40px;">3.at risk of placement outside the natural home setting.</p> <p style="text-align: center;">AND</p> <p>D. The recipient's level of functioning has not been restored or improved and may indicate a need for clinical interventions in a natural setting if any of the following apply:</p> <p style="padding-left: 40px;">1.At risk for out of home placement, hospitalization, and/or institutionalization due to symptoms associated with diagnosis.</p> <p style="padding-left: 40px;">2.Presents with intensive verbal, and limited physical aggression due to symptoms associated with diagnosis, which are sufficient to create functional problems in a community setting.</p> <p style="padding-left: 40px;">3.At risk of exclusion from services, placement or significant community support systems as a result of functional behavioral problems associated with the diagnosis.</p> <p style="padding-left: 40px;">4.Requires a structured setting to foster successful integration into the community through individualized interventions and activities.</p>
Service Order Requirement
N/A
Continuation/Utilization Review Criteria
The client continues to have needs that are met by this service definition.

Discharge Criteria

Consumer's level of functioning has improved with respect to the goals outlined in the service plan, or no longer benefits from this service. The decision should be based on one of the following:

1. Consumer has achieved service plan goals, discharge to a lower level of care is indicated.
2. Consumer is not making progress, or is regressing, and all realistic treatment options within this modality have been exhausted.

Service Maintenance Criteria

If the recipient is functioning effectively with this service and discharge would otherwise be indicated, personal assistance should be maintained when it can be reasonably anticipated that regression is likely to occur if the service is withdrawn. The decision should be based on any one of the following:

A. Evidence that gains will be lost in the absence of personal assistance is documented in the service record.

OR

B. In the event there are epidemiologically sound expectations that symptoms will persist and that ongoing treatment interventions are needed to sustain functional gains, the presence of a DSM IV diagnosis would necessitate a disability management approach.

**Note: Any denial, reduction, suspension, or termination of service requires notification to the recipient and/or legal guardian about their appeal rights.*

Provider Requirement and Supervision

Direct care providers shall meet the competencies and supervision requirements as specified in 10 NCAC 14V .0202 and .0204.

Documentation Requirements

Documentation is required as specified in the Service Records Manual.

Appropriate Service Codes

Medicaid	IPRS	Pioneer	UCR-WM (CTSP)	UCR-TS (MR/MI)
Not Billable	Individual – YM 450 Group – YM451	N/A	N/A N/A	450 451

Therapeutic Leave

Therapeutic Leave is a designation used to hold a consumer residential bed space while he/she is out on leave for integration back into the community.

Guidelines:

1. Medicaid will only reimburse providers of residential services for children and adolescents, Levels 2-4 and PRTF.
2. State dollars can be used for non-Medicaid eligible child and adolescents residential services Levels 2-4 and PRTF who fit CTSP requirements. State dollars may also be used for adults in Family and Group living residential levels when the dollars are available.

Residential providers shall be paid the daily residential reimbursement amount. A consumer is allowed up to 45 days of therapeutic leave during the fiscal year, not to exceed 15 days of therapeutic leave each quarter. The leave shall follow the consumer, therefore if the consumer changes facilities, the therapeutic leave will continue to accumulate for the calendar year.

Therapeutic Relationship and Interventions

N/A

Structure of Daily Living

N/A

Cognitive and Behavioral Skill Acquisition

N/A

Service Type

Therapeutic Leave is a placeholder for the client's bed space.

Resiliency/Environmental Intervention

N/A

Service Delivery Setting

N/A

Medical Necessity

Client meets residential medical necessity and has a current Service Treatment/Habilitation Plan which incorporates therapeutic leave as a strategy in client's treatment.

Service Order Requirement

N/A

Continuation/Utilization Review Criteria

N/A

Discharge Criteria

N/A

Service Maintenance Criteria

N/A

Provider Requirement and Supervision

N/A

Documentation Requirements

Log sheet which records the therapeutic leave of the consumer.

Appropriate Service Codes				
Medicaid	IPRS	Pioneer	UCR-WM (CTSP)	UCR-TS (MR/MI)
Therapeutic Leave:				
UB-92 Billing	Level II {Therapeutic Foster Care} – YA254	Fam. Low –741	254	N/A
	Level II {Group Home}-YA255	Fam. Mod –751	255	
	Level III {4 beds or less}-YA256	Grp Liv L– 761	256	
	Level III {5 beds or more}-YA257	Grp Liv M– 771	257	
	Level IV {4 beds or less}-YA258	Grp Liv H– 781	258	
	Level IV {5 beds or more}-YA259		259	
Room and Board:				
Not Billable	Level II {Age 5 or less}-YA265		265	N/A
	Level II {Age 6-12}-YA266		266	
	Level II {Age 13+}-YA267		267	
	Level III {1-4 Beds}-YA263		263	
	Level III {5+Beds}-YA264		264	
	Level IV {1-4 Beds}-YA268		268	
	Level IV {5+ Beds}-YA269		269	

Wilderness Camp (CTSP - 241)
This service is available to children 6-17 years of age who have moderate to severe problems and where removal from their homes is essential for proper treatment. Treatment is provided in an emotionally healthy, structured culturally sensitive environment. Through outdoor living, clients are afforded the opportunity to develop coping skills, self-esteem and academic or vocational skills. Liaison services are provided to promote community and family interaction. (A non-residential summer/therapeutic camping experience should be coded as 370: Specialized Summer Program).
Therapeutic Relationship and Interventions
Facilitating and teaching relevant wilderness skills, including transfer of learning to other environments. This may be accomplished individually, in groups, and with family.
Structure of Daily Living
Outdoor, often camping, environment.
Cognitive and Behavioral Skill Acquisition
Develop coping skills, self-esteem and academic or vocational skills.
Service Type
This is a 24-hour residential service. This service is not Medicaid billable.
Resiliency/Environmental Intervention
This service is to support the youth in gaining the skills necessary to step down to family and/or a community based setting.
Service Delivery Setting
This service is provided in a wilderness environment.
Medical Necessity
A. A recipient is eligible for this service when there is an Axis I or II diagnosis, AND, B. Level of Care Criteria Level D is met.
Service Order Requirement
N/A
Continuation/Utilization Review Criteria
The desired behavior or level of functioning has not been restored, improved, or sustained over the timeframe outlined in the client's service plan; or the client continues to be at risk for relapse based on history or the tenuous nature of functional gains or any one of the following apply: Client has achieved initial service plan goals and additional goals are indicated. <ol style="list-style-type: none"> 1. Client is making satisfactory progress toward meeting goals. 2. Client is making some progress but the service plan (specific interventions) should be modified to determine if greater gains are possible. 3. Client is not making progress; the service plan must be modified to identify more effective interventions. 4. Client is regressing; the service plan must be modified to identify more effective interventions. <p style="text-align: center;">AND</p> Utilization review must be conducted every 90 days and documented in the service record.
Discharge Criteria
The client shall be discharged from this level of care if any one of the following is true: The level of functioning has improved with respect to the goals outlined in the service plan and the client can reasonably be expected to maintain these gains at a lower level of treatment. OR

The client no longer benefits from service as evidenced by absence of progress toward service plan goals and more appropriate service(s) is available.

Note: Any denial, reduction, suspension, or termination of services requires notification to the client and/or the legal guardian about their appeal rights.

Service Maintenance Criteria

If the client is functioning effectively at this level of treatment and discharge would otherwise be indicated, this level of service should be maintained when it can be reasonably anticipated that regression is likely to occur if the service were to be withdrawn. This decision should be based on at least one of the following:

There is a past history of regression in the absence of residential treatment or at a lower level of residential treatment.

There are current indications that the client requires this residential service to maintain level of functioning as evidenced by difficulties experienced on therapeutic visits or stays in a non-treatment setting or in a lower level of residential treatment.

Note: Any denial, reduction, suspension, or termination of services requires notification to the client and/or the legal guardian about their appeal rights.

Provider Requirement and Supervision

Provider must be licensed under 10 NCAC 14V.5200 Residential Therapeutic (Habilitative) Camps for Children and Adolescents of all Disability Groups.

Documentation Requirements

The minimum documentation standard includes a daily contact log with description of staff's interventions and activities on the standardized form. Documentation of critical events, significant events, or changes of status in the course of treatment shall be evidenced in the recipient's service record as appropriate. The documentation of interventions and activities is directly related to: Identified needs, preferences or choices, specific goals, services, and interventions, and frequency of the service which assists in restoring, improving, or maintaining, the recipient's level of functioning.

Appropriate Service Codes

Medicaid	IPRS	Pioneer	UCR-WM (CTSP)	UCR-TS (MR/MI)
Not Billable	N/A	N/A	241	N/A

Appendix A: Crosswalk of Services and Billing Codes

APPENDIX A
CROSSWALK OF SERVICES AND BILLING CODES

SERVICE		Medicaid	IPRS	Pioneer	CTSP	MI/MR
Adult Developmental Vocational Program (ADVP)		<i>Not Billable</i>	YP620	620	N/A	620
Assertive Community Treatment Team (ACTT)		Y2314	Y2314	040	299	040
Assertive Outreach		<i>Not Billable</i>	YP230	230	N/A	230
Case Consultation		Y2305	Y2305	120	110	120
Case Management		Y2307	Y2307	210	100	210
*Case Support		<i>Not Billable</i>	YP215	215	YA215	215
Community Based Services						
	Professional ECI-Individual	Y2364	Y2364	490	N/A	N/A
	Professional ECI-Group of 2	Y2365	Y2365	491	N/A	N/A
	Professional ECI-Group +3	Y2366	Y2366	492	N/A	N/A
	Professional-Individual	Y2367	Y2367	480	480	480
	Professional Group of 2	Y2368	Y2368	481	481	481
	Professional Group +3	Y2369	Y2369	482	482	482
	Paraprofessional- Individual	Y2370	Y2370	470	470	470
	Paraprofessional- Group of 2	Y2371	Y2371	471	471	471
	Paraprofessional-Group +3	Y2372	Y2372	472	472	472
Community Rehabilitation Program (Sheltered Workshop)		<i>Not Billable</i>	YP650	650	N/A	650
Consultation, Education & Primary Prevention		<i>Not Billable</i>	YP110	110	N/A	110
*Day/Evening Activity		<i>Not Billable</i>	YP660	660	YA660	660
Day Supports		<i>Not Billable</i>	YM850	N/A	N/A	580
Day Treatment						
	Day Treatment - Children	Y2311	Y2311	670	330	N/A
	Day Treatment - Adults	Y2312	Y2312	670	N/A	670
Detox-Social Setting		<i>Not Billable</i>	YP790	790	N/A	790
Developmental Day		<i>Not Billable</i>	YP610	610	N/A	N/A
Drop-In Center						
	Attendance	<i>Not Billable</i>	YP690	690	N/A	690
	Coverage Hours	<i>Not Billable</i>	YP692	692	N/A	692
Emergency Coverage		<i>Not Billable</i>	YP500	500	N/A	500
Evaluation (Bill as Outpatient Treatment)		Y2305 90801/90802 92506 961XX 97001/97002 97003/97004	Y2305 90801/90802 92506 961XX 97001/97002 97003/97004	330	110	330
Family Living – Low Intensity		<i>Not Billable</i>	YP740	740	N/A	740
Family Living--Moderate Intensity		<i>Not Billable</i>	YP750	750	N/A	750
Financial Supports		<i>Not Billable</i>	YM600	N/A	N/A	600
Group Living-Low Intensity		<i>Not Billable</i>	YP760	760	N/A	760
Group Living-Moderate Intensity		<i>Not Billable</i>	YP770	770	N/A	770
Group Living-High Intensity		<i>Not Billable</i>	YP780	780	N/A	780
Guardianship		<i>Not Billable</i>	YM686	N/A	N/A	686
Independent Living		<i>Not Billable</i>	YM700	N/A	N/A	700
Individual Supports		<i>Not Billable</i>	YM716	N/A	N/A	716
Inpatient Hospital		UB-92 Billing	YP820	820	250	820
Long-Term Vocational Support Services (Extended Services)		<i>Not Billable</i>	YM645	N/A	N/A	645
Mandated Team Evaluation & Treatment/Habilitation Planning		<i>Not Billable</i>	YP340	340	N/A	340
Opioid Treatment (Formerly Narcotic Addiction Treatment)		H0020	H0020	440	N/A	440
Outpatient Treatment/ Habilitation						
	Individual	Y2305	Y2305	420	110	420
	Group	Y2306	Y2306	421	116	421
	Medication Administration	90782	90782	Y2305		
	Clinical Intake	90801	90801	Y2305		
	Interactive Evaluation	90802	90802	Y2305		

**APPENDIX A
CROSSWALK OF SERVICES AND BILLING CODES**

SERVICE	Medicaid	IPRS	Pioneer	CTSP	MI/MR
<i>Individual Therapy (20-30 min.)</i>	90804	90804	Y2305		
<i>Individual Therapy (20-30 min.)--MD</i>	90805	90805	Y2305		
<i>Individual Therapy (45-50 min.)</i>	90806	90806	Y2305		
<i>Individual Therapy (45-50 min.)--MD</i>	90807	90807	Y2305		
<i>Individual Therapy (75+ min.)</i>	90808	90808	Y2305		
<i>Individual Therapy (75+ min.)--MD</i>	90809	90809	Y2305		
<i>Interactive Therapy (30 min.)</i>	90810	90810	Y2305		
<i>Interactive Therapy (30 min.)--MD</i>	90811	90811	Y2305		
<i>Interactive Therapy (50 min.)</i>	90812	90812	Y2305		
<i>Interactive Therapy (50 min.)--MD</i>	90813	90813	Y2305		
<i>Interactive Therapy (80 min.)</i>	90814	90814	Y2305		
<i>Interactive Therapy (80 min.)--MD</i>	90815	90815	Y2305		
<i>Individual Therapy (30 min.)</i>	90816	90816	Y2305		
<i>Individual Therapy (30 min.)--MD</i>	90817	90817	Y2305		
<i>Individual Therapy (50 min.)</i>	90818	90818	Y2305		
<i>Individual Therapy (50 min.)--MD</i>	90819	90819	Y2305		
<i>Individual Therapy (80 min.)</i>	90821	90821	Y2305		
<i>Individual Therapy (80 min.)--MD</i>	90822	90822	Y2305		
<i>Interactive Therapy (30 min.)</i>	90823	90823	Y2305		
<i>Interactive Therapy (30 min.)--MD</i>	90824	90824	Y2305		
<i>Interactive Therapy (50 min.)</i>	90826	90826	Y2305		
<i>Interactive Therapy (50 min.)--MD</i>	90827	90827	Y2305		
<i>Interactive Therapy (80 min.)</i>	90828	90828	Y2305		
<i>Interactive Therapy (80 min.)--MD</i>	90829	90829	Y2305		
<i>Family Therapy without patient</i>	90846	90846	Y2306		
<i>Family Therapy with patient</i>	90847	90847	Y2306		
<i>Group Therapy (Multiple Family Group)</i>	90849	90849	Y2306		
<i>Group Therapy (non-multiple family group)</i>	90853	90853	Y2306		
<i>Medication Check-Individual</i>	90862	90862	Y2305		
<i>Speech Evaluation</i>	92506	92506	Y2305		
<i>Speech Therapy</i>	92507	92507	Y2305		
<i>Speech Therapy Group</i>	92508	92508	Y2306		
<i>Psychological Testing</i>	96100	96100	Y2305		
<i>Aphasia Assessment</i>	96105	96105	Y2305		
<i>Developmental Testing (Limited)</i>	96110	96110	Y2305		
<i>Developmental Testing (Extended)</i>	96111	96111	Y2305		
<i>Neurobehavioral Exam</i>	96115	96115	Y2305		
<i>Neuropsychological testing battery</i>	96117	96117	Y2305		
<i>Physical Therapy Evaluation</i>	97001	97001	Y2305		
<i>Physical Therapy Re-Evaluation</i>	97002	97002	Y2305		
<i>Occupational Therapy Evaluation</i>	97003	97003	Y2305		
<i>Occupational Therapy Re-Evaluation</i>	97004	97004	Y2305		
<i>Physical Therapy each 15 min.</i>	97110	97110	Y2305		
<i>Physical Therapy (Neuromuscular re-education) each 15 min.</i>	97112	97112	Y2305		
<i>Aquatic Therapy</i>	97113	97113	Y2305		
<i>Gait Training each 15 min.</i>	97116	97116	Y2305		
<i>Massage Therapy each 15 min.</i>	97124	97124	Y2305		
<i>Manual Therapy each 15 min.</i>	97140	97140	Y2305		
<i>Prosthetic Training each 15 min.</i>	97520	97520	Y2305		
<i>PT and OT Therapy</i>	97530	97530	Y2305		
<i>Checkout for Orthotic/Prosthetic Use</i>	97703	97703	Y2305		
<i>Physical Performance Testing</i>	97750	97750	Y2305		

APPENDIX A
CROSSWALK OF SERVICES AND BILLING CODES

SERVICE	Medicaid	IPRS	Pioneer	CTSP	MI/MR
<i>Eval and Mgmt -Problem Focused-New Patient</i>	99201	99201	Y2305		
<i>Evaluation and Mgmt-Expanded-New Patient</i>	99202	99202	Y2305		
<i>Evaluation and Mgmt -Detailed-New Patient</i>	99203	99203	Y2305		
<i>Evaluation and Mgmt-Moderate-New Patient</i>	99204	99204	Y2305		
<i>Evaluation and Mgmt -High-New Patient</i>	99205	99205	Y2305		
<i>Eval and Mgmt -Problem Focused-Estab Patient</i>	99211	99211	Y2305		
<i>Eval and Mgmt -Expanded-Established Patient</i>	99212	99212	Y2305		
<i>Eval and Mgmt -Detailed-Established Patient</i>	99213	99213	Y2305		
<i>Eval and Mgmt -Moderate-Established Patient</i>	99214	99214	Y2305		
<i>Eval and Mgmt -High-Established Patient</i>	99215	99215	Y2305		
Partial Hospitalization					
Partial Hospitalization - Children	Y2311	Y2311	675	330	N/A
Partial Hospitalization - Adults	Y2312	Y2312	675	N/A	675
Personal Assistance					
Individual	<i>Not Billable</i>	YP020	020	N/A	020
Group	<i>Not Billable</i>	YP021	021	N/A	021
Personal Care Services					
Individual	<i>Not Billable</i>	YM050	N/A	N/A	050
Group	<i>Not Billable</i>	YM051	N/A	N/A	051
Professional Treatment Services in Facility Based Crisis Program	Y2315	Y2315	800	253	800
Psychiatric Residential Treatment Facility (PRTF)	UB-92 Billing	YA230	705	230	N/A
Psychosocial Rehabilitation	Y2313	Y2313	680	N/A	680
Quality Assurance (QA) Peer Review	<i>Not Billable</i>	YP180	180	N/A	180
Residential Supports	<i>Not Billable</i>	YM850	N/A	N/A	850
Residential Treatment Level I/Family Type	Y2347	N/A	N/A	N/A	N/A
Residential Treatment Level II/Family-Program Type					N/A
Family Type (Therapeutic Foster Care)	Y2362	Y2362	702	217	
Program (Group Home)	Y2363	Y2363	702	220	
Room and Board (Age 5 or less)	<i>Not Billable</i>	YA235		235	
Room and Board (Age 6-12)	<i>Not Billable</i>	YA236		236	
Room and Board (Age 13 or more)	<i>Not Billable</i>	YA237		237	
Residential Treatment Level III					N/A
4 beds or less	Y2348	Y2348	703	226	
Room and Board (4 beds or less)	<i>Not Billable</i>	YA232		232	
5 beds or more	Y2349	Y2349	703	227	
Room and Board (5 beds or more)	<i>Not Billable</i>	YA233		233	
Residential Treatment – Level IV					N/A
4 beds or less	Y2360	Y2360	704	228	
Room and Board (4 beds or less)	<i>Not Billable</i>	YA237		237	
5 beds or more	Y2361	Y2361	704	229	
Room and Board (5 beds or more)	<i>Not Billable</i>	YA238		238	
Respite – Community CMSED (YA213) Daily (More than 8 hrs)	<i>Not Billable</i>	YA213	N/A	213	N/A
Respite – Community (YP730)	<i>Not Billable</i>	YP730	730	N/A	730
Respite – Hourly CMSED (YA125) Hourly (8 hours or less)	<i>Not Billable</i>	YA125	N/A	125	N/A
Respite – Hourly (YP010/YP011)					
Individual	<i>Not Billable</i>	YP010	010	N/A	010
Group	<i>Not Billable</i>	YP011	011	N/A	011
Screening (Bill as Outpatient Treatment)	Y2305	Y2305	310	110	310

**APPENDIX A
CROSSWALK OF SERVICES AND BILLING CODES**

SERVICE		Medicaid	IPRS	Pioneer	CTSP	MI/MR
Social Inclusion						
	Individual	<i>Not Billable</i>	YM570	N/A	N/A	570
	Group	<i>Not Billable</i>	YM571	N/A	N/A	571
Specialized Summer Programs – UCR-WM (370)		<i>Not Billable</i>	N/A	N/A	370	N/A
Staff Travel						
	Periodic Services	<i>Not Billable</i>	N/A	495	N/A	495
	Professional	<i>Not Billable</i>	YP498	498	N/A	498
	Paraprofessional	<i>Not Billable</i>	YP499	499	N/A	499
Substance Abuse Intensive Outpatient Treatment (SAIOP)		H0015	H0015	665	N/A	N/A
Supervised Living - Low		<i>Not Billable</i>	YP710	710	N/A	N/A
Supervised Living - Moderate		<i>Not Billable</i>	YP720	720	N/A	N/A
Supervised Living – MR/MI – I-VI Residents		<i>Not Billable</i>	YM811- YM816	N/A	N/A	811-816
*Supported Employment						
	Individual	<i>Not Billable</i>	YP630	630	YA630	630
	Group	<i>Not Billable</i>	YP640	640	YA640	640
Therapeutic Intervention/Crisis Prevention						
	Individual	<i>Not Billable</i>	YM450	N/A	N/A	450
	Group	<i>Not Billable</i>	YM451	N/A	N/A	451
Therapeutic Leave						
	Level II, Therapeutic Foster Care	UB-92 Billing	YA254	N/A	254	N/A
	Level II, Group Home	UB-92 Billing	YA255	N/A	255	N/A
	Level III, 4 beds or less	UB-92 Billing	YA256	N/A	256	N/A
	Level III, 5 beds or more	UB-92 Billing	YA257	N/A	257	N/A
	Level IV, 4 beds or less	UB-92 Billing	YA258	N/A	258	N/A
	Level IV, 5 beds or more	UB-92 Billing	YA259	N/A	259	N/A
	Room and Board – Level II {Age 5 or less}	<i>Not Billable</i>	YA265	N/A	265	N/A
	Room and Board – Level II {Ages 6-12}	<i>Not Billable</i>	YA266	N/A	266	N/A
	Room and Board – Level II {Age 13+}	<i>Not Billable</i>	YA267	N/A	267	N/A
	Room and Board - -Level III {1-4 Beds}	<i>Not Billable</i>	YA263	N/A	263	N/A
	Room and Board – Level III {5+ Beds}	<i>Not Billable</i>	YA264	N/A	264	N/A
	Room and Board – Level IV {1-4 Beds}	<i>Not Billable</i>	YA268	N/A	268	N/A
	Room and Board – Level IV {5+ Beds}	<i>Not Billable</i>	YA269	N/A	269	N/A
CTSP – WMIS ONLY						
Wilderness Camp		<i>Not Billable</i>	N/A	N/A	241	N/A
CBS Support		<i>Not Billable</i>	N/A	N/A	139	N/A
Specialized Summer Program		<i>Not Billable</i>	N/A	N/A	370	N/A
Before/After School		<i>Not Billable</i>	N/A	N/A	360	N/A
Vocational Education		<i>Not Billable</i>	N/A	N/A	340	N/A
Vocational Placement		<i>Not Billable</i>	N/A	N/A	350	N/A
Case Management Support		<i>Not Billable</i>	N/A	N/A	101	N/A
Outpatient Support		<i>Not Billable</i>	N/A	N/A	111	N/A

***NOTE: Case Support, Day/Evening Activity, and Supported Unemployment are services that are not currently covered under the WMIS reimbursement system but will be covered in IPRS. There will probably be a separate rate for CTSP which is yet to be determined.**

Appendix B: List of Service Definitions Dropped

The following MR/MI Services have been deleted:

<u>Code(s)</u>	<u>Service</u>
550, 551	Adaptive Skills Training
510	After Hours Service
223	Direct Care Staff Training
685	Education, Community Based
410, 411	High-Risk Intervention-Periodic
699	New Day/Night Service
365,560, 630	New <u>Thomas S.</u> Service
300	Pre-Funded Assessment
220	Pre-Funded Case Management
225	Pre-Funded Case Support
841	Private Medical Provider – ICF-MR
842	Private Medical Provider – Nursing Facility
746	Supervised Living Family
725	Supervised Living High
222	Supervisory Training
782 – 785	Supported Living, Levels 1-4
460, 461	Therapeutic Intervention/Crisis Prevention

Appendix C: History File of Revisions/Updates/Communications Regarding the DMH/DD/SA Service Definitions Manual

Contents:

- **January 15, 2003 Summary of Revisions**
- **January 7, 2003 Summary of Revisions**



North Carolina Department of Health and Human Services
Division of Mental Health, Developmental Disabilities and Substance Abuse Services

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Michael F. Easley, Governor
Carmen Hooker Odom, Secretary

Richard J. Visingardi, Ph.D., Director

Memorandum

To: DMH Section Chiefs and Area Program Directors

From: Jim Jarrard, Acting Chief
Program Accountability Section

Subject: NC Division MH/DD/SAS Service Definitions Manual Revisions

Date: January 15, 2003

Following is a summary description of the most recent revisions made to the service definitions manual. In order to assist you in keeping track of all communications regarding this manual, we have put all memoranda summarizing the revisions to this manual in Appendix C. All subsequent revisions/updates will be posted on the DMH website: <http://www.dhhs.state.nc.us/mhddsas/>. We recommend that you check the website periodically to keep abreast of these revisions/updates.

Page #	Description of Revision
Cover page	Revision date noted.
i - ii	Table of Contents – page #'s updated per revisions.
6-7	ACTT – Physician FTE requirement changed to at least .25 FTE per 50 clients.
49	Drop-In Center – Clinical appropriateness added to medical necessity criteria.
140	Community Respite – YA213 – time restriction deleted.
175	Wilderness Camp – This service is not Medicaid billable.
178-181	Appendix A – Crosswalk of Services and Billing Codes updated. Includes codes to be billed to WMIS only.
183	Appendix C: NEW: Communications in reference to previous revisions, policy clarifications, or updates can be found here.

If you have questions concerning the manual, please contact Art Harris, Program Accountability Section at (919) 420-7934 or by email art.harris@ncmail.net.



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Memorandum

To: DMH Section Chiefs and Area Program Directors

From: Jim Jarrard, Acting Chief
 Program Accountability Section

Subject: NC Division MH/DD/SAS Service Definitions Manual Revisions

Date: January 7, 2003

The following revisions have been made in the MH/DD/SA Service Definitions Manual dated January 1, 2003. For your information, if you have already made a hard copy of the manual, the first 119 pages of the manual did not change with the exception of the replacement places noted below. Due to a change in pagination with the insertion of the Residential Treatment Family Type service definitions, you may want to copy pages 120 forward. A description of each revision follows:

Page #	Description of Revision
Cover page	Revision date noted.
i - ii	Table of Contents – page #'s updated per revisions.
10	Case Consultation – Correction in IPRS code.
20	Case Support – UR Requirement deleted.
24	CBS – MR/MI codes for CBS-ECI deleted.
29	Community Rehabilitation Program – MR/MI code added
31	Consultation, Education & Primary Prevention – MR/MI code added
35	Day Supports – Periodic service codes deleted. TI/CP added.
49	Drop-In Center – MR/MI codes added.
50	Emergency Coverage – MR/MI code added.
84	Long-Term Vocational Support Services – MR/MI code added.
86	Mandated Team Evaluation and Treatment/Habilitation Planning – MR/MI code added.
92	Outpatient Treatment – IPRS code for Individual/Group changed to Y2305/Y2306.
116	Quality Assurance Peer Review – CTSP code deleted. MR/MI code added.
117	Residential Supports – Periodic service codes deleted.
120-123	Residential Treatment Level I – Family Type added.
124-128	Residential Treatment Level II – Family Type added.
157	SAIOP – MR/MI code deleted.
178-181	Appendix A – Crosswalk of Services and Billing Codes updated.
182	Appendix B – List of MR/MI service definitions that have been deleted.

The revised manual has been placed on the Division's website. Should you have any questions, please direct them to Art Harris, Program Accountability Section, at (919) 420-7934 or by email art.harris@ncmail.net.